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THE
TAMIL NADU MEDICAL CODE

VOLUME II
(CORRECTED UP TO 30TH JUNE 1974)

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GOVERNMENT OF TAMIL NADU
1977

PRINTED BY THE DIRECTOR OF STATIONERY AND PRINTING, MADRAS
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TAMIL NADU MEDICAL CODE.

VOLUME II—APPENDICES.

APPENDIX 1

(*vide* paragraph 8 of Volume I.)

POWERS OF THE DIRECTOR OF HEALTH SERVICES AND FAMILY PLANNING/ DIRECTOR OF MEDICAL EDUCATION AND OTHER SUBORDINATE OFFICERS IN THE MEDICAL DEPARTMENT.

PART I.

Powers vested with the Director of Health Services and Family Planning/ the Director of Medical Education.

I. APPOINTMENT AND DISCIPLINARY POWERS.

1. To sanction the employment of unskilled menials on non-pensionable establishments whose pay is debited to contingencies, subject to conditions mentioned in item 39 of Appendix 5 of the Tamil Nadu Financial Code, Volume II.

2. To enhance the pay of a menial paid from contingencies who is temporarily taken into camp in exceptional circumstances for the period of the tour by an amount not exceeding the travelling allowance admissible under the Tamil Nadu Travelling Allowance Rules to Government Servants of the lowest grade, provided that he could have been eligible for a daily allowance during the tour, if he had been working on the regular establishment. The enhanced pay in lieu of travelling allowance may be raised by 50 per cent in the case of journeys in the special tracts included in Class I, and by 33 1/3 per cent in case of journeys in the localities includ in Class II in Annexure V to Tamil Nadu Travelling Allowance Rules (paragraph 2 of item 3 of Appendix 5 to the Tamil Nadu Financial Code, Volume II).

3. To increase temporary posts of nurses in Government Hospitals in times of very urgent necessity arising out of epidemics such as cholera, typhoid, etc., subject to condition—

(i) that the total number of temporary posts of nurses sanctioned for any Government hospital shall not exceed four at a time;

(ii) that no temporary posts is sanctioned for a period exceeding three months on each occasion ;

(iii) that there shall be paid to the holder of any such temporary post, a monthly pay calculated at the rate of minimum of the scale of pay and the usual allowance admissible to holders of corresponding permanent posts ; and

(iv) that the cost of the temporary establishment shall have been specifically provided for in the budget for the year.

[G.O. No. 1524, Public (Services), dated 9th September 1938.]

4. To place temporary Assistant Surgeons on reserve duty for such periods as may be found necessary provided the sanctioned cadre including the leave reserve is not thereby exceeded.

(G.O. No. 2056, Public Health, dated 22nd December 1923.)

4-A. To appoint Drugs Inspectors (Director of Health Services and Family Planning as Drugs Controller of the State) in the State Service, with the following Disciplinary Powers.

(G.O. Ms. No. 4921, Health, dated 19th March 1966.)

Name of the Post, (1)	Nature of Powers. (2)	G.O. No. and dated in which delegated (3)
1. Drugs Inspectors	1. Censure .. .. 2. Withholding of increments . . 3. Recovery referred to in rule 8 (v) (a) and (b) Tamil Nadu Civil Service (Classification, Control and Appeal) Rules.	G.O. Ms. No. 923, Health, dated 14th May 1969.
2. Senior Drugs Inspectors	Do.	G.O. Ms. No. 1436, Health and Family Planning, dated 21st June 1974.

4-B. To depute Senior Drugs Inspectors and Drugs Inspectors in turn according to their seniority for the Drugs Inspector training whenever and wherever held.

(G.O. Ms. No. 1515, Health, dated 22 nd July 1973.)

5. To make temporary additions to the number of attendants and Sanitary workers in mental hospitals subject to following conditions:—

(i) No temporary post shall be sanctioned for a period exceeding one year.

(ii) The pay of no temporary post shall exceed the pay fixed for the lowest grade or class of the corresponding permanent posts.

(iii) The cost of the temporary establishment shall have been specifically provided for in the budget for the year.

(iv) In the case of the Mental Hospital, Madras the proportion of attendants to inmates in the hospital shall not exceed 1 to 9 ; in working out this proportion, night patrols amalgamated with the staff of attendants shall be excluded.

(v) In the case of any mental hospital, the proportion of sanitary workers to the inmates in the hospitals shall not exceed 1 to 20 an additional sanitary worker may be sanctioned when the number of inmates exceeds any multiple of twenty by ten or more.

(vi) In working out the proportions specified in conditions (iv) and (v) the population of men inmates and women inmates shall be separately taken into account.

6. To sanction temporary posts of Nursing Assistants and Sanitary Workers in Government hospitals in times of very urgent necessity arising out of epidemics or accidents or similar causes subject to the following conditions :—

(i) The total number of temporary posts of Nursing Assistants and Sanitary Workers sanctioned for any Government hospital shall not exceed six at a time ;

(ii) No temporary post shall be sanctioned for a period exceeding three months on occasion;

(iii) There shall be paid to the holders of temporary posts of Nursing Assistant and Sanitary Worker the minimum pay in the time-scales of pay applicable to holders of permanent posts borne on the respective cadres; and

(iv) the cost of the temporary establishments shall have been specifically provided for in the budget for the year.

[G.O. Ms. No. 793, Public (Services), dated 28th April 1936, and 2017, Public (Services), dated 25thOctober 1937.]

7. (i) To vary at his discretion, the following details connected with a temporary establishment which has been sanctioned by competent authority for employment during a portion of every year:—

(*a*) The number of persons employed;

(*b*) The rate of pay of particulars posts; and

(*c*) The period of employment.

This delegation is subject to the condition that—

(1) The cost of such establishment shall be restricted to within the appropriation for that purpose, and

(2) the of pay no post shall be raised beyond the maximum limit, if any, fixed by the competent authority in each case.

(ii) The power delegated in 7 (i) above can also be exercised in the case of temporary establishment employed continuously for a year or more, subject however to the following additional conditions :—

(*a*) That no alteration in the scale or, rate of pay in any of the temporary posts in such establishment, the pay or the maximum pay of which excceeds Rs. 200 a month, shall be made without the approval of the competent authority;

(*b*) That in the case of a temporary posts on a time-scale of pay, the variation shall be in accordance with the time-scale sanctioned for a correponding post borne on the permanent cadre of the service concerned; and

(*c*) That the aggregate cost of the temporary establishment shall not in any case exceed the limit sanctioned by the competent authority.

[G.O. No. 333, Public (Services), dated 10th February 1940.]

7-A. The Director of Health Services Family Planning, Madras is empowered to appoint two Junior Assistant one for a period of 6 months and the other for a period of 4 months every year for attending to the work relating to the compilation of Statistics of the Civil Hospitals and Dispensaries in Tamil Nadu.

(G.O. Ms. No. 577, Health, dated 11th March 1954, Government Memo. No. 90698 H1 67-3, Health, dated 9th October 1967 and Government Memorandum No. 4327, H 70-2, Health, dated 27th January 1970.)

8. To increase the number of stipends at the rates obtainable for the fourth year pupil nurses. in all the training for the training of male nurse pupils for a period of six months in Mental Hospitals.

(G.O. No. 3216, Public Health, dated 16th October 1942.)

9. To increase up to a maximum of twenty the number of stipends payable to women nurse pupils posted to the Government Hospital for Women and Children, Madras, for training in Midwifery.

(G.O. No. 772, Public Health, dated 22nd February 1941 and No. 2251, Public Health, dated 21st July 1942.)

10. To sanction the appointment as a Nursing Assistant, of any person not qualified, under the rules for such appointment in respect of appointments in Panchayat Union and Municipal Institutions of modern medicine.

(G.O. No. 1187, Public Health, dated 7th August 1936.)

11. To suspend a lien in respect of any post to which he or an authority subordinate to him can appoint under Fundamental Rule 14 (*b*).

[Delegation under Fundamental Rule 14 (b).]

12. To sanction the transfer of Medical Officers of the rank of Assistant Surgeons to foreign service in the State of Tamil Nadu.

NOTE.—As regards the pay and the concessions permissible to officers in foreign services, see delegation under Fundamental Rule 114.)

13. To direct for special reasons of a public nature, to be recorded as a part of the order that transfer of charge of an officer shall be effected at a specified place other than his head-quarters in the case of transfers ordered by him or by other officers subordinate to him.

(Instruction 2 under Fundamental Rule 17.)

14. To post in exceptional circumstances, nurse pupils from one training centre to another in although such posting may result in an increase in the sanctioned number of appointments in the latter institution, subject to the condition that the total number of pupils sanctioned for all institutions is not thereby exceeded.

(G.O. Ms. No. 1168, Public Health, dated 4th May 1929.)

14-A. To sanction temporary diversion of stipends from one centre to another in the exigencies of administration.

(G.O. Ms. No. 1827, Health, dated 27th May 1955.)

15. To fix the pay of an officiating Government Servant at an amount less than that admissible under the Fundamental Rules.

(Delegation under Fundamental Rule 35.)

16. To appoint a Government Servant to hold temporarily or to officiate in, more than one post, provided he is authorised to appoint permanently to each of the posts concerned.

(Delegation under Fundamental Rule 49.).

17. To sanction charge allowance to Gazetted Staff-Assistant Surgeons, other officers equivalent in status to Assistant Surgeons, Nursing Superintendents, etc., and officers, of the rank of Civil Surgeon and above.

(G.O. Ms. No. 2351, Health, dated 20th July 1959.)

18. For the creati n and continuance of posts in Local Bodies.

(G.O. Ms. No. 1249, Health, dated 28th May 1970.)

19. To obtain the concurrence of Tamil Nadu Public Service Commission for continuing the temporary appointments of Gazetted Officers (in the case of temporary appointments of Assistant Surgeon, concurence of the Commission is obtained by the Director of Health Services and Family Planning).

[Rule 9 (b) of the Special Rules of the Tamil Nadu Medical Service Branch I.]

20. To declare probation and/order extension of the probation for failure to pass prescribed test in respect of Assistant Surgeons and Lay Secretaries and Treasurers, Grade II (except in cases which involve relaxation of rules).

[Rule 7 (b) of the Special Rules of the Tamil Nadu Medical Service and rules for Class XXI of Tamil Nadu General Service Rules.]

21. To declare satisfactory completion of probation and to order extension of the probation for failure ass the prescribed tests in respect of Nursing Superintendents, Nursing Tutors (except in cases which involve relaxation of rules).

[Rule 6 (b) of the Special Rules for the Tamil Nadu Nursing Service Branch II.]

22. Appointing authority with full disciplinary powers in respect of Superintendents, Assistants in to Office of the Director of Health Services and Family Planning /Director of Medical Education and in respect of Assistants and Higher Grade Ministerial Staff in Medical Institutions.

[Rule 10 of the Special Rules for the Tamil Nadu Ministerial Services.]

23. Appointing authority with full disiciplinary powers in respect of Head Nurses, Nurses and Auxiliary Nurse Midwife.

(Rule 3 of the Special Rules for the Tamil Nadu Medical Subordinate Service Branch III Nursing and G.O. Ms. No. 2508, Health, dated 2nd December 1964.)

24. To grant permission to officers below the rank of Civil Surgeons in the "Tamil Nadu Medical Service (Medical and Non-Medical) including officers holding appointment on a temporary basis to go abroad on pilgrimage or for sight seeing or to visit relatives and friends, etc., *but not or writing the S.C.F.M.G. Examination subject* to the following conditions:—

(i) The period of visit to foreign countries does not exceed one m nth, and

(ii) The officers undertake to tour at their own cost and take leave to which they are eligible to cover the period of absence.

Note.—(1) Wh n the period of absence exceeds one month, orders of the Government are necessary.)

Note.—(2) The individual may be required to furnish a declaration to the satisfaction of the Director of Health Services and Family Planning Director of Medical Education that he will not take up any course of study abroad.

(G.O. Ms. No. 2839, Health, dated 20th November 1973.)

Note.—(3) No bond need be obtained from ursing staff proceeding on extra ordinary leave to foreign countries to see their friends and relatives. It is sufficient if an undertaking to the effect that they would not seek any employment in foreign countries during their stay is obtained.

(Government Memo. No. 78545 H5 73-5, Health, dated 26th December 1973.)

24-A. To sanction the loan of services of officers of the Tamil Nadu Medical Service below the rank of Civil Surgeons on Foreign Service terms within the State subjects to the conditions laid down under Fundamental Rules.

(G.O. Ms. No. 3207, Health, dated 29th December 1973.)

II. MEDICAL COLLEGE.

25. The month of December, April and May will be treated as vacation for all the vacation departments in the State Medical Colleges and that during the said months the vacation departments will function with the sketeton staff to attend to the routine day to day administrative work of the departments concerned.

The Director of Medical Education will issue the orders specifying the vacation period of the respective colleges in the State.

(G.O. No. 1413, Public, dated 19th December 1911.)
(G.O. Ms. No. 1208, Health, dated 11th May 1973.)

26. To incur expenditure to the extent necessary in connection with colleges under his control on—

(i) the provision and maintenance of games, courts and athletic fields; and

(ii) the provision of dressing and bath rooms in playgrounds.

(Item 26 of Appendix 5 to Tamil Nadu Financial Code, Volume II.)

27. To sanction an annual grant-in-aid not exceeding one-third of the amount of subscriptions raised by the members of a recreation club attached to an institution under his control. The bill for each grant should show in details how the amount was calculated.

(G.O. Ms. No. 5513, Public Health, dated 25th March 1943 and item 24 of Appendix 7 of Tamil Nadu Financial code, Volume II.)

28. To grant exeption to specially deserving students of the Medical Colleges, on the recommendations of the Dean/Principal from payment of the prescribed fees for taking an additional course.

(G.O. No. 56, Medical, dated 28th January 1919.)

29. To authorize expenditure on cooking utensils and crockery required for hostels attached to medical Colleges upto Rs. 250 per each hostel.

(Item 29 Appendix 5 to Tamil Nadu Financial Code, Volume II.)

III. SPECIAL TRAINING.

30. To depute officers specified in Annexure I to the Fundamental Rules to undergo training subjects to the Subsidiary Rules 1 and 2 under Fundamental Rules 36.

31. To sanction the training of private medical practitioners in Government medical institutions and laboratories on payment of fees prescribed by Government.

32. To admit private medical practitioners for post-graduate training in Government Medical Institutions in all cases where no fees are levied.

(G.O. No. 784, Public Health, dated 8th April 1925.)

33. To depute Medical Officers working in Government Leprosy Medical Institutions for training in Leprosy for a period of 14 days at Government Leprosy Treatment and Study Centre, Tirukoilur or at Europian Leprosy Eradication Programme, Leprosy Control Project, Dharmapuri.

(G.O. Ms. No. 198, Health, dated 25th January 1971.)

IV. LEAVE.

34. To grant leave other than specil disability leave to the Manager, Office of the Director of Health Services and Family Planning/the Director of Medical Education subject to the conditions that (1) the period of leave shall not exceed four months; (2) the grant of leave shall not involve the creation of an additional post requiring the sanction of a higher authority and (3) it shall not involve a reference to a higher authority for a substitute.

(G.O. No. 1722, Public Health, dated 25th May 1948.)

35. (A) To grant leave other than special disability leave to other gazetted officers subject to the condition that no extra cost is involved in the grant of leave.

In respect of Assistant Surgeons, the Director of Health Services and Family Planning and Director of medical Education are empowered the issue posting orders on return from leave.

(G.O. Ms. No. 51, Finance, dated 27th February 1940 and No. 2505, Public Health, dated 7th June 1940.)

35. (B) To grant leave admissible under the rules to Officers of the rank of Civil Surgeons, and above if the leave vacancies are not proposed to be filled up by substitutes and only additional charge arrangements are proposed to be made. Director of Health Services and Family Planning and Director of Medical Education are empowered to appoint another officer to hold additional charge during the above leave periods and also to issue reposting orders to the officers when necessary.

(G.O. Ms. No. 2780, Health, dated 14th November 1973.)

36. To extend joining time up to a maximum of thirty days subject to the provision contained in instruction (5) (i) under rule 106 of the Fundamental Rules.

Applications from Gazetted Government servants for extension of joining time should be forwarded through the Accountant-General.

37. To regularise the excess joining time availed of by the Gazetted Officers due to late receipt of posting orders within the maximum of 30 days.

NOTE. 1—Under instructions 5 (ii) under the rule 106; of Fundamental Rules).

38. To sanction extraordinary leave up to the maximum limit of six months to non-permanent Government servant (Medical Officers).

(Rule 23 (*a*) (ii) of Tamil Nadu Leave Rules.)

39. To issue certificate of officiation under sub-rule (b), (bb), (c), (d) and (e) of Fundamental Rule 26 in the case of (i) Deputation sanctioned by Government, (ii) Leave granted by Government, (iii) Temporary promotion ordered by Government, (iv) loan of services under foreign service terms sanctioned by Government and (v) Joining time granted under 105 on account of transfer, etc., ordered by Government to the officers of the Tamil Nadu Medical Services in the grade of Civil Surgeon and below under their administrative control.

(G.O. Ms. No. 1243, Health, dated 17th May 1973.)

39. (A) To sanction encashment of earned leave at the credit of Government servants working in the Department on the date of superannuation subject to maximum of 180 days.

[G.O. Ms. No. 444, Finance (F.R. II), dated 30th March 1974.]

39. (B) To sanction surrender leave in lieu of cash and earned leave to Senior Drugs Inspectors and Drugs Inspectors subject to the condition that no substitute is required.

(Item No. 6 in Appendix II in Part I of Fundamental Rules.)

V. TRAVELLING ALLOWANCE.

40. To permit a Government Servant for specially recorded reasons to travel by and draw mileage by a route other than the shortest.

(Rule 21 of Tamil Nadu Travelling Allowance Rules.)

41. To sanction daily allowance at rates not exceeding three-fourths of the ordinary rates for the period in excess fifteen days up to thirty days subject to the conditions laid down in rule 44 of the Tamil Nadu Travelling Allowance Rules.

42. To sanction payment of travelling allowance to Government servants on transfer who have overstayed joining time.

(Delegation under Tamil Nadu Travelling Allowance Rules 69.)

43. To sanction the payment of travelling allowance from State funds, in cases of transfers of Medical Officers made by him in the interests of public service without consulting the local bodies concerned or against their wishes.

(G.O. Ms. No. 386, Public Health, dated 7th March 1923.)

44. To grant travelling allowance under the rule 102 of Tamil Nadu Travelling Allowance Rule, for a journey undertaken in order to appear before a Medical Board.

VI. BUILDINGS.

45. To sanction additions improvements and alterations to the existing electric installations upto Rs. 1,000 for each estimate in the case of non-residential bulidings and upto Rs. 500 a year for each residence including out-houses in respect of residential buildings.

(Appendix 13 of Tamil Nadu Financial Code, Volume II.)

46. To accord administrative approval for estimates not exceeding Rs. 200 for improvements to rent-free quarters and to countersign the estimates for electric installations.

(G.O. No. 1722, Public Health, dated 25th May 1948.)

47. To sanction estimates for petty electric work of Rs. 400 for each estimate subject to the conditions that the total limit of expenditure does not exceed Rs. 4,000 per year for each hospital or institution.

(G.O. Ms. No. 2351, Health, dated 20th July 1959 and
G.O. Ms. No. 2652, Health, dated 25th October 197.

48. To sanction estimate for addition and improvements to the existing electrical installations (non-residential buildings) upto a limit of Rs. 2,000 for each estimates subject to the conditions that the total limit of expenditure does not exceed Rs. 4,000 for petty construction and repairs per year for each hospital or institution.

(G.O. Ms. No. 2351, Health, dated 20th uly 1959 and G.O. Ms. No. 2652, Health, dated 25th October 1971.)

49. For the leasing of private buildings on rent for medical institutions of Rs. 200 per mensem.

(G.O. Ms. No. 2351, Health, dated 20th July 1959 and G.O. Ms. No. 2652, Health, dated 20th May 1971.)

50. To accord formal sanction as soon as orders of Government sanctioning of the advance for construction of house by the Government servants are received.

(Under articles 227, 233 and 233-A of the Tamil Nadu Financial Code, Volume I.)

51. To sanction renting of private lands and buildings for office, residential or for other public purposes.

(Item 52 of Appendix 5, Tamil Nadu Financial Code, Volume II.)

VII. Contingent and other Financial Powers.

52. To incur recurring contingent charge upto Rs. 10 a month and for a period not exceeding six months subject to the conditions laid down in Article 93 of the Tamil Nadu Financial Code, Volume I.

53. To incur recurring contingent charges of Rs. 12 per annum for the purchase of window delivery tickets subject to the existence of budget provision.

(G.O. No. 426, Finance, dated 14th September 1980.)

54. To treat charges on account of the issue of money orders when remittance by money order is unavoidable and in the interests of public service as contingent expenditure and to permit remittances of pay, travelling allowances and contingent charges of subordinate Government servants employed in outof-the-way places in special circumstances when the money order commission exceeds the travelling allowance that would be payable to a peon sent to encash the bill.

(Item 42, Appendix 5 to Tamil Nadu Financial Code, Volume II.)

55. To sanction the advertisement charges for invitation of tenders for supply of diet articles, etc.

(G.O. Ms. No. 2351, Health, dated 20th July 1959 and G.O. Ms. No. 2652, Health, dated 25th October 1971.)

56. To write off losses of irrecoverable value of stores, etc., or public money lost through negligence other causes upto a limit of Rs. 2,500.

(G.O. Ms. No. 2351, Health, dated 20th uly 1959 and G.O. Ms. No. 2652, Health, dated 25th October 1971.)

57. To write off losses of irrecoverable value of furniture, etc., damaged, lost through fraud, negligence or other causes (including nurses quarters) upto a limit of Rs. 500.

(G.O. Ms. No. 2351, Health, dated 20th July 1959 and G.O. Ms. No. 2652, Health, dated 25th October 1971.)

58. To sanction such alterations in, and additions to, the diet scales as may be necessary to suit local conditions.

59. (a) To transfer articles from one office or institution to another in the Medical Department.

(G.O. No. 112, Public, dated 25th January 1913.)

60. To reduce the prescribed rates of hospitals stoppages for any class of paying patients accordings as the merits of the cases may demand. Applications for reduction should be made by the Medical Officers-in-charge of the institutions in the form prescribed for the purpose.

(Rule 38 of Tamil Nadu Medical Attendance Rule.)

61. (a) To sanction all petty claims of contingent expenditure upto Rs. 500 other than claims of recurring nature and which are over one year old but not more than three years may be paid by the disbursing officers without the necessity of pre-audit by the Accountant-General Madras.

(Under article 52 of Tamil Nadu Financial Code, Volume I, read with G.O. Ms. No. 1804 Finance, dated 3rd December 1969.)

61. (B) To sanction the arrear claims of the Government servants which had been in abeyance for more than three years but less than six years subject to pre-audit by the Accountant-General.

Note.—In regard to arrear of increment the period shall be counted from the date on which the increment certificate is signed by the competent authority and not from the date on which the increment falls due.

[G.O. Ms. No. 1265, Finance (Salaries) Department, dated 11th October 1973].

62. To sanction permanent advance under Article 95 of Tamil Nadu Finacial Code, Volume I, in respect of officers and officer's subordinate to him upto the amount advised by the Accountant-General. When there is a difference of opinion between the Accountant-General and the sanctioning authority on this point, the matter should be referred for the orders of the State Government.

63. To sanction of General Provident Fund advances upto the amount available in the Fund account of the subscriber in respect of Gazetted Officers and to sanction General Provident Fund advance to Non-Gazetted Officers drawing pay less than Rs. 450.

[Rule 14 of the General Provident Fund Rule and G.O. Ms. No. 1724, (Finance) Funds, dated 8th December 1971.]

64. To sanction photographic charges in the public interest when the expenditure is in excess of the powers delegated to the Superintendent of Government hospitals.

(Item 43, Appendix 5 to the Tamil Nadu Financial Code, Volume II.)

65. (i) To accord sanction to the grant of honoraria (except in the case of Government Examinations), (ii) To sanction the grant of honoraria in the case of Government Examinations, (iii) To sanction the undertaking of the work and the acceptance of honoraria therefor, (iv) To sanction the undertaking of work and the acceptance of fees in connection with examination held by a University or other examining body and (v) To sanction the acceptance of remuneration for broadcast talks, subject to the conditions prescribed in instructions under Fundamental Rules 46 and 47.

66. To incur expenditure on the repacement of draught bullocks in institutions under his control, provided that (i) the Government have sanctioned the maintenance of a draught bullock in the institution concerned and (ii) not more than Rs. 200 is paid for any one bullock.

(Item 36 Appendix 5 of the Tamil Nadu Financial Code, Volume II.)

67. To sanction the supply of cooking utensils for the use of nurses in Government hospitals where common messes are opened subject to the following limits :—

(*a*) Initial supply for each hospital—Rs. 500.

(*b*) Renewals for each hospital—Rs. 150 a year.

(G.O. No. 1140, Public Health, dated 8th May 1930.)

68. To sanction up to Rs. 250 per head in Madras City and Rs. 200 per hhhn the mufassal for the supply of furniture and crockery for the use of the nursing staff of Government hospitals.

(G.O. Ms. No. 1808, Public Health, dated 24th July 1930 and No. 961, Public Health, dated 27th May 1931.)

Note.—The limit has been enhanced to Rs. 350 per nurse serving either in the city or in the muffassal. so long as the prices continue to remain high.

(G.O. No. 3259, Public Health, dated 17th December 1945.)

69. To sanction the expenditure on tinning of brass vessels repairs and varnishing of furniture, crockery cooking utensils in the Nurses Quarters attached to Government hospitals up a limit of Rs. 1,000.

(G.O. Ms. No. 1411, Health, dated 1st August 1966.)

70. To sanction expenditure on the purchase of furniture crockery and linen up to a limits of Rs. 10,000 subject to the general rules regarding the purchase of stores in Chapter VII in Tamil Nadu Financial Code, Volume-I. The limits refer except where other-wise stated to the cost of each article or any number of articles of the same kind purchased at any one time whether for one office or for a number of offices.

(G.O. Ms. No. 1411, Health, dated 1st August 1966 and Ms. No. 1975, Health, dated 23rd October 1969.)

71. To sanction expenditure on the employment of servants for common messes for the nursing staff attached to Government hospitals subject to a maximum of Rs. 30 per mensem for each hospital or Rs. 6 per member of the nursing staff using the common mess whichever is.

(G.O. No. 2500, Public Health, dated 5th October 1930.)

72. To sanction purchase of (i) bed linen for nurses employed in Government hospitals according to the scale given below and (ii) table linen according to actual requirements in hospitals where the nurses run a common mess.

Scale of bed linen for each member of the nursing staff.

Bed sheets	2 pairs.
Pillow	1
Pillow cases	3
Mattress	1
Mattress cover	1
Mosquito curtain	1 if the quarters have no electric fan.

(G.O. No. 2256, Public Health, dated 15th September 1930.)

73. Shifting of Telephone up to limit of Rs. 50 within one exchange.

[Item No. 58 (2) of Appendix 5 of the Tamil Nadu Financial Code, Volume II.]

74. To refund of small amount not due to Government in respect of Hospitals stoppages, double payment of fees for Medical Certificate and registration fees up to a limit of Rs. 100.

(G.O. Ms. No. 2652, Health, dated 25th October 1971.)

75. Supply of washing materials to dhobies in Government Hospitals without monetary limit subject to budget provision.

(G.O. Ms. No. 2652, Health, dated 25th October 1971.)

76. To sanction the grant to private medical institution irrespective of the monetary, limit.

(G.O. Ms. No. 584, Health, dated 20th February 1951.)

77. To sanction the purchase of new bicycle in the place of one condemned bicycle.

(Item 5 Appendix 5 of the Tamil Nadu Financial Code, Volume II.)

78. To sanction expenditure towards the purchase of the non-diet articles otherwise classified as other hospitals necessaries for the Government Medical Institutions up to Rs. 3,000 for each of a number of articles at a time.

[Item No. 28 (A) of Appendix 5 of the Tamil Nadu Financial Code, Volume II.]

79. To incur the expenditure for the purchase of a stamp papers for executing bonds and on the payment of charges for obtaining visas, passports etc., in connection with the deputation of persons abroad.

[Item No. 42 (2) (XIV) of Appendix 5 of the Tamil Nadu Financial Code, Volume II.]

79(a) To sanction the payment of demurrage charges up to Rs. 25 at a time, in cases where charges cannot be recovered from the persons responsible.

(G.O. Ms. No. 2032, Health, dated 16th August 1973.)

VIII. CONTRACTS.

80. To execute agreements and mortgage bonds in respect of advances sanctioned to Government Servants for the purchase of Motor conveyance.

(Item No. 3 of Appendix 3 of the Tamil Nadu Financial Code.)

81. To execute Instruments relating to the reassignment of Insurance Policies which are assigned to the Governor by Government Servants except Gazetted Officers as Security for the advances sanctioned to them for the construction of houses through Co-operative Society

(Item No. 4 of the Appendix 3 of the Tamil Nadu Financial Code, Volume II.)

82. To execute deeds, contracts and other instruments relating to the Medical department on behalf of the Government of Tamil Nadu.

(Item No. 15 of Appendix 3 of the Tamil Nadu Financial Code, Volume II.)

83. To execute contracts relating to the sale removal of waste papers in Government Offices n the City of Madras with the firms and dealers in waste papers who may be selected by him when any contract executed by Director of Stationery and Printing, is determined by the said Director.

[Item No. 51 (*b*) of Appendix 3 of the Tamil Nadu Financial Code, Volume II.]

84. To execute agreements, mortgage deeds of reconveyance in respect of advance sanctioned to Government Servants for the purpose of building etc., of houses.

(Item No. 55 of Appendix 3 of the Tamil Nadu Financial Code, Volume II.)

85. To exempt a firm of established repute from obligation to furnish security in respect of all contracts or a particular contract or class of contracts made with the Medical Department.

[Article 129 (b) of Tamil Nadu Financial Code, Volume I.]

IX. Stationery, Books and Periodicals.

86. To indent on the Superintendent, Government of India Printing Press, Army Forms required for his own use or for that of Officers subordinate to him.

(G.O. No. 424, Public, dated 3rd April 1912.)

87. To obtain free of cost copies of any Act, Code, or set of rules, published by the Government Press under the authority of the State Government for any officer under his control.

(Paragraph 207 of the Printing Manual and Appendix 'C' thereto.)

88. To sanction purchase of books, maps and periodicals required for the use of his own office and officers subordinate to him subject to conditions mentioned in item 8 of Appendix 5 of Tamil Nadu Financial Code, Volume II.

89. To incur expenditure on local purchase of stationery articles upto a limit of Rs. 50 in each case subject to condition mentioned in rule 7(*b*) (i) of Appendix 8 of the Tamil Nadu Financial Code, Volume II.

[Rule 7 (1) of the Tamil Nadu Stationery Manual, Volume I.]

90. (*a*) To sanction supply of rubber stamps through the Director of Stationery and Printing, Madras.

(Paragraph 231 and Appendix H of the Printing Manual.)

(*b*) To incur expenditure not exceeding Rs. 5 each time towards the manufacture of new rubber stamp without approaching the office of the Director of Stationery and Printing, Madras.

(G.O. Ms. No. 766, Transport, dated 25th September 1972.)

91. To sanction free initials supply of clothing and also renewal supply of ordinary and warm clothing to the last grade Government servants and menials attached to Government Hospitals in Madras City and Mufassal Government Hospitals on the scale in force for similar classes of servants in the institutions or districts concerned.

(Chapter X of Stationery Manual, Volume I and G.O. No. 1944, Education, dated 15th December 1941, G.O. Ms. No. 1245. Health. dated 12th May 1971 and Government Memo. No. 66543/H-II/71-7, Health, dated 30th June 1972.)

92. To sanction, after previous consultation with the Director of Stationery, the supply warm clothing to additional menials in the Medical Department who are permanently stationed in hill tracts in accordance with rules and scales laid down in the Tamil Nadu Stationery Manual.

93. To sanction the purchase of periodicals, journals, newspapers, etc., required for use in their offices and in the offices and medical institutions under their control on payment of annual advance subscription to the concerned publishers, book sellers, etc.

(G.O. Ms. No. 1273, Health, dated 7th July 1969.)

X. Purchase of Stores.

94. To sanction expenditure on the the purchase of apparatus, instruments and Machinery (equipments), up to a limit of Rs. 10,000 subject to the general rules regarding purchase of stores in Chapter VII of the Tamil Nadu Financial Code, Volume I.

(G.O. Ms. No. 2652, Health, dated 23rd October 1971.)

95. To sanction expenditure on the purchase of crockery and linen upto a limit of Rs. 10,000
(G.O. Ms. Nos. 1411, Health, dated 1st March 1966 and 1975, Health, dated 23rd October 1969.)

96. To sanction expenditure on the purchase of Gauze, Bandage cloth, Wash well and other items of soap and cotton up to a 'limit of Rs. 10,000.
(G.O. Ms. No. 1580, Health, dated 17th June 1963.)

97. To sanction expenditure on the purchase of Medicine up to limit of Rs. 10,000
(G.O. Ms. No. 2652, Health, dated 25th October 1971.)

XI. MISCELLANEOUS

98. To accord sanction for the filing of suits to recover arrears of hospital stoppages if such a course is advised by the Government Law Officers.
(G. O. Ms. No. 2910, Public Health, dated 3rd November 1937.

99. To sanction the payment of ordinary costs (including the pleader's fees) in connexion with law suits instituted by him under the orders of a competent authority.
[Item 35(*a*)(I) of Appendix 5 to Tamil Nadu Financial Code, Volume II.]

100. To sanction expenditure on copy stamp papers and court-fee labels for obtaining copies of orders and judgements relating to cases of prosecutions, etc. launched by the Drugs Inspectors
[Item 35(*a*) 11 of Appendix 5 to Tamil Nadu Financial Code Volume II.]

101. To sanction expenditure on repairs to Motor vans, buses, lorries, etc., up to a limit of Rs. 2,500 carried out at a time to one or any number of motor vans used in the department, subjects to the condition that the rules regarding the invitation of tenders for the execution of works are observed.
(G.O. Ms. No. 2652, Health, dated 25th October 1971.)

102. To sanction contributions not exceeding Rs. 25 a year for each district towards the maintenance of lending libraries of medical books.
(Item 15 of Appendix 14 to Tamil Nadu Financial Code, Volume II.)

103. To permit the use of punkahs and electric fans in exceptional cases for non-gazetted establishments during the months from November to February, if he is satisfied that there is a real necessity for it.
Item 30 of Appendix 5 to Tamil Nadu Financial code Volume II.

104. (i) To sanction refund of a fee paid for the licentiate course in Ophthalmology or in Gynaecology and Obstetrics, when the candidate is prevented from undergoing the course owing to circumstances beyond his control and prefers a claim for refund within three months of the payments of the fee.

(ii) To sanction the refund of a fee paid in connexion with the medical examination for commutation of pensions as follows:—

(*a*) The refund of the entire fee paid when no medical examination actually takes place owing to the withdrawal of the application for commutation or for other reasons which the Director of Health Services and Family Planning considers sufficient; and

(b) the refund of the excess fee, when the fee paid is in excess of the prescribed amount.
(Item 12, Appendix 2 to Tamil Nadu Financial Code, Volume II,).

105. To indent on the Director of Stationery and Printing for mounting of maps required for the use of Medical department.
(G. O. Ms. No. 217, dated 19th March 1929.)

106. To sanction the admission of private maternity assistants to refresher courses in Government Training Centres for maternity assistants subject to the condition that no extra expendtiure is caused to Government. No fee will be levied from the candidates. They should, however, meet their own messing charges.
(G. O. No. 5265, Public Health, dated 16th December 1941.)

107. To grant permission to occupy Government quarters to officers proceeding on leave on average pay not exceeding four months.

(Note to rule 4 of Subsidiary Rules under Fundamental Rule 45.)

108. To supply furniture and croekery mentioned therein for the use of each of the members of the nursing staff attached to Government Medical Institutions in Madras City and in mufassal subjects to the monetary limit of Rs. 450 per member.

(Item 25(II) of Appendix 5 to Tamil Nadu Financial Code, Volume II.)

109. To sanction the expenditure on the puchase portraits of the former President of India, the present President of India, the former Prime Minister of India and present Prime Minister of India, besides portraits of Mahatma Gandhi for his office.

(Item 47 of Appendix 5 to Tamil Nadu Financial Code, Volume II.)

110. To incur expenditure on printing periodical bullets locally after inviting competitive tenders from six reputable printers and after approval of the rates of printing by the Director of Stationery and Printing, Madras.

(Item 48 of Appendix 5 to Tamil Nadu Financial Code, Volume II.)

111. To sanction a maintenance grant of Rs. 500 (Rupees Five hundred only) per annum every year to the Lawrence School Dispensary, Lovedale for the services rendered by the institution to the humanity.

(Item 23 of Appendix 14 of Tamil Nadu Financial Code, Volume II.)

112. To sanction advance for the purchase of Motor cars, Motor cycles in respect of Gazette Officers.

(Articles 227, 228 and 229 of Tamil Nadu Financial Code. Volume I.)

113. To sanction advance to Government Servants working under the control for the celebration of marriages of Government servants and their sons and daughters subjects to allotment of funds by the Government.

(G.O. Ms. No. 1081, Finance, dated 2nd August 1969.)

114. To sanction for the write off irrecoverable item any of Hospitals stoppages up to a limit Rs. 500.

(G.O. Ms. No. 2652, Health, dated 25th October 1971.)

115. To sanction expenditure not exceeding Rs. 1,000 (Rupees one thoudsand only) non-recurring towards the purchase of sports materials and radios towards the recreational facilities for the members of Nursing Staff attached to each Medical Institution in the Madras City and in the mufassal where sanctioned bed strength is 200 and above,

(Item No. 26 (H) of Appendix 5 to Tamil Nadu Financial Code, Volume II.)

XII. Family Planning Scheme.

116. To incur expenditure for Cinema Slides up to a limit of Rs. 3,000.

(G.O. Ms. No. No. 757, Health dated 3rd May 1968).

117. To incur expenditure for bus boards up to a limit of Rs. 3,000.

(G.O. Ms. No. 1463, Health, dated 20th September 1968).

118. To incur expenditure for Family Planning Models up to a limit of Rs. 2,000

(G.O. Ms. No. 420, Health, dated 15th February 1971).

119. To incur expenditure in connection with the Orientation Training Camp (Per camp per block) up to a limit of Rs 500 per annum.

120. To incur expenditure for Seminars up to a limit of Rs. 500 per seminar restricted to two Seminars per district per year.

(G.O .Ms. No. 420, Heath, dated 15th February 1971.

121. To incur expenditure for Family Planning Advertisement up to a limit of Rs. 3,000.

(G.O. Ms. No. 420, Health, dated 15th February 1971.)

122. To incur expenditure for the Audio-visual Equipment up to a limit of Rs. 1,000.

(G.O. Ms. No. 420, Health, dated 15th February 1971.)

123. To incur expenditure for the repairs to Motor vehicles up to a limit of Rs. 1,000 at a time

124. To incur expenditure for Exhibitions up to a limit of Rs. 500.

(G.O. Ms. No. 757, Health, dated 8th May 1968, G.O. Ms. No. 1463, Health, dated 20th September 1968 and G.O. Ms. No. 420, Health, dated 15th Febrruary 1971.)

125. To incur expenditure for the leasing of private buildings up to a limit of Rs. 100 per mensem.

(G.O. Ms. No. 757, Health, dated 8th May 1968, G. O. Ms. No. 1463, Health, dated 20th September 1968 and G. O. Ms. No. 420, Health, dated 15th February 1971.)

126. To purchase Medicines, Instruments, Furniture and Crockery up to a limit of Rs. 10,000.

(G.O. Ms. No. 757, Health, dated 8th May 1968, G.O. Ms. No. 1463, Health, dated 20th September 1968 and G.O. Ms. No. 420, Health, dated 15th February 1971.)

127. To incur expenditure upto Rs. 2,000 at a time to wards publicity of tuberculosis control programme subject to the condition that the expenditure on this account should not exceed Rs. 10,000 per annum and also subject to Budget provisions.

(G.O. Ms. No. 2068, Health, dated 21st August 1973.)

PART II.

POWERS DELEGATED TO THE SUBORDINATE OFFICERS OF THE RANK OF CIVIL SURGEONS AND ABOVE IN THE HEALTH SERVICES AND FAMILY PLANNING DEPARTMENT (MEDICAL) AND MEDICAL EDUCATION DEPARTMENT.

I. DISICIPLINARY AND OTHER POWERS.

Serial number and designation of the post.	*Designation of the Officers to whom the powers is delegated.*	*Nature of the power delegated.*	*Authority.*
(1)	(2)	(3)	(4)
1. Junior Assistants, Typists, Steno-typists and Record Clerks in the Office of the Director of Health Services and Family Planning.	Assistant to the Director of Health Services and Family Planning (Administration.)	Appointing authority with full disciplinary powers.	G. O. Ms. No. 2351, Health, dated 20th July 1959.
2. Posts in the City Medical Institution (other than the Office of the Director of Health Services and Family Planning / Office of the Director of Medical Education) and Offices in the Mofassil below the scale of pay on Rs. 250-10-300-15-450.	Head of office or Institution concerned not below the rank of Civil Surgeon.	Full Disciplinary powers including dismissal.	Do.
3. Non-Gazette Staff employed in Medical Institution.	The Gazetted Officers in-charge of the Medical Institutions concerned.	To impose minor penalties specified in items (i), (iii) or (v) of rule 8 of the Tamil Nadu Civil Services (C.C.A.) Rules.	Do.
4. Posts coming under Branch IV (General) of the Tamil Nadu Medical Subordinate Service.	The Dean or the Head of the Institution concerned.	Appointing authority with full disciplinary powers.	Do.
5. Nurses	Deans or Superintendents of hospitals not below the rank of a Civil Surgeons in the case of City Medical Institutions and District Medical Officers in the case of Mofassil Medical Institutions.	To approve the change of name of married women Nurses subject to the conditions that such change in names is intimated to the Director of Health Services and Family Planning/Director of Medical Education for making necessary entries in the records maintained in their officers.	G. O. Ms. No. 1035, Health, dated 21st March 1956.
6. Categories of Non-Medical Subordinate Ministerial and Last Grade Government Servant employed in Employees State Insurance Dispensaries in Madras City and Suburbs.	Assistant Director of Health Services and Family Planning (Employees State Insurance).	Appointment and punishment and disciplinary powers Tamil Nadu Civil Services (Classification, control and Appeal) Rules.	G. O. Ms. No. 1136, (Labour) Industries, Labour and Housing Department, dated 19th March 1968.
7. Categories of Non-Medical Subordinates—Ministerial and Last Grade Government Servant employed in Employees State Insurance Medical Institution in the State.	Deputy Director of Health Services and Family Planning (Employees State Insurance).	Appell te authority to exercise powers under the Tamil Nadu Civil Services (Classification control and Appeal) Rules.	Do.

I. DISCIPLINARY AND OTHER POWERS—*cont.*

Serial number and designation of the post.	*Designation of the Officers to whom the powers is delegated.*	*Nature of the powers delegated.*	*Authority.*
(1)	(2)	(3)	(4)
8. Non-Gazetted Personnel ..	District Family Planning Maternity and Child Health Officers.	To sanction leave, maintain Service Books and Record sheets, sanction of increment, award minor punishments upto stopping of increments and to make local transfers within the district.	R. No. 354520/FP1/A4/69, dated 27th April 1970 of the Director of Health Services and Family Planning.
9. Social Workers (Family Planning).	District Medical Officers and Assistant Director of Health Services and Family Planning (Family Planning, Institute of Public Health.	Do.	R. Dis. No. 75/FPI/A4/75, dated 14th May 1975 of the Director of Health Services and Family Planning.

LEAVE.

Serial number and designation of the Government Servants to whom leave other than special disability leave may be granted.	*Designation of the officers empowered to grant leave other than special disability leave.*	*Extent of powers*	*Authority.*
(1)	(2)	(3)	(4)
1. Assistant Surgeon (Men and Women).	District Medical Officers, Superintendents of State Hospital in Madras City, Civil Surgeons in independent charge of Government Hospital, Heads of teaching institutions, Directors of Institutes (including King Institute, Guindy), Superintendent, T. B. Sanatorium, Tambaram, Superintendent, Mental Hospital, Madras and District Family Planning Maternity and Child Health Officers.	The Powers to grant leave is subject to the condition that no substitute is required and the leave vacancy can be filled up by making local arrangements.	Item No. 6 in Appendix II in Part I of Fundamental Rule and G.O. Ms. No. 3036, Health and Family Planning, dated 11th December 1973.
2. Non-Medical Gazetted Officer coming under Branch I of the Tamil Nadu Medical Services.	The Heads of Government Institutions not below the rank of Civil Surgeons.	The power to grant Earned Leave not exceediag thirty days subject to the condition that no substitute is required and the Leave vacancy is fillep up by making local arrangements without extra cost to Government.	Item No. 6-A in Appendix II in Part I of Fundamental Rules.
3. Physicists working in the Barnard Institute of Radiology.	The Superintendent, Government General Hospital, Madras.	The power to grant leave subject to the condition that no substitute is appointed and that the leave vacancy can be filled by making local arrangements without extra cost to Government.	Item 16 of Appedix II in Part I of Fundamental Rules.
4. Staff Nurses and Radiographers.	District Medical Officers, Superintendents of all State Hospitals in Madras City and of the T.B. Sanatorium, Tambaram and Civil Surgeon.	Full powers ..	Item No. 5 under the item Non-Gazetted Officers of Appendix II in Part I of Fundamental Rules.

LEAVE—*cont.*

Serial number and Designation of the Government Servants to whom leave other than special disability leave. may be granted.	*Designation of the officers empowered to grant leave other than special disability leave.*	*Extent of powers.*	*Authority.*
(1)	(2)	(3)	(4)
5. Head Nurse and Assistants.	District Medical Officers, Civil Surgeons in Independent charge of Government hospitals Superintendents of the State Hospitals in the Madras City Superintendent,, Government Tuberculosis, Sanatorium, Tambaram and Superintendent, Government Mental Hospital, Madras.	The power to grant leave is subject to the condition that no substitute is appointed in the leave vacancy.	Item No. 6 under the item Non-Gazetted Officers of Appendix II in Part I of Fundamental Rules.
6. Radiographers (Chief and Assistant to the Chief Radiographers) Technician higher grade Ministerial Staff and Staff Nurses working in the Barnard Institute of Radiology.	The Superintendent, Government General Hospital, Madras,	The power to grant leave subject to the condition that no substitute is appointed and that the leave vacancy can be filled by making local arrangements without extra cost to the Government.	Item No. 19 under the item Non-Gazetted Officer of Appendix II in Part I of Fundamental Rules.
7. Non-medical Gazetted Staff in the State Family Planning Bureau, District Family Planning Bureau and Health and Family Planning Training Centres.	Deputy Dirctor of Health Services and Family Planning (Family Planning), Madras.	The power to grant Earned Leave and other leave.	R. Dis. No. 119, Family Planning (1) A2 69, dated 15th July 1969 of the Director of Health Services and Family Planning, Madras-6.

NOTE :—The authorities competent to sanction ordinary leave are empowered to sanction the encashment of earned leave at the credit of Government Servant on the date of superannuation subiect to maximum of 120 days.

G.O. Ms. No. 282, Finance (F.R. II), dated 8th March 1974.

II. CONTINGENT AND OTHER FINANCIAL POWERS.

Section 1—Medical and Family Planning wings.

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
1. (*a*) Purchase of furniture, crockery and linen.	(i) District Medical Officers and Civil Surgeons in-charge of Hospitals with a bed strength up to 500. (ii) Superintendent, Government Ophthalmic Hospital, Madras. (iii) Superintendent, Thiruvetteeswarar Tuberculosis Hospital, Otteri, Madras. (iv) Superintendent, Tuberculosis Hospital, Nagercoil. (v) Director, Institute of Obstetrics and Gynaecology, Government Hospital for Women and Children, Madras. (vi) Director, Government Tubeculosis Institute and Clinics, Chetput. (vii) Director, King Institute, Guindy.	2000	G. O. Ms. No. 1411, Health, dated 1st August 1966, and made permanent in G.O. Ms. No. 1975, Health, dated 23rd October 1969.

II CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section I—Medical and Family Wings—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority*
(1)	(2)	(3)	(4)
		RS.	
(*a*) Purchase of furniture, crockery and linen—*cont.*	(i) District Medical Officers and Civil Surgeons in-charge of Hospitals with bed strength of over 500. (ii) Superintendent, Government Kasturba Gandhi Hospital for Women and Children Madras. (iii) Superintendent, Government Tuberculosis Sanatorium, Tambaram. (iv) Superintendent, Government Mental Hospital, Madras.	s2,500	G.O. Ms. No. 1411 Health, dated 1st August 1966 and made permanent in G.O. Ms. No. 1975, Health, dated 23rd October 1969.
(*b*) Purchase of furniture and crockery.	(i) Dean of Medical Colleges and Hospitals. (ii) Principal, Thanjavur Medical College, Thanjavur. (iii) Principal Chingleput Medical College, Chingleput. (iv) Superintendent, Government Royapettah Hospita Madras. (v) Superintendent, Government Women and Children Hospital, Madras. (vi) Superintendent, R.S.R.M. Lying-in Hospital, Madras. (vii) Superintendent, R.M. Hospital, Thanjavur. (viii) Superintendent, Chingleput Medical College Hospital Chingleput.	3,500	Do.
(*c*) Linen	Superintendent, Government Royapettah Hospital, Madras.	3,500	Do.
	(i) Deans of Medical College and Hospitals. (ii) Principal, Thanjavur Medical College, Thanjavur. (iii) Principal,Chingleput Medical College, Chingleput. (iv) Superintendent, Government Women and Children Hospital, Madras. (v) Superintendent, R.S.R.M. Lying-in Hospital,Madras. (vi) Superintendnet, R.M. Hospital, Thanjavur. (vii) Superintendent, Chingleput Medical College Hospital, Chingleput.	5,000	G. O. Ms. No. 1228 Health,dated 16th May 1973.

II. CONTINGENTS AND OTHERS FINANCIAL POWERS—*cont.*

Section I—Medical and Family Wing—*cont.*

Nature of expenditure.	*Designation of the Subordinate Officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
		Rs.	
(*d*) Linen and Furniture ..	Deputy Director of Health Services and Family Planning (Family Planning).	2,000	.. R. Dis. No. 28/FPI/69, dated 5th March 1969 of the Director of Heath Services and Family Planning.
2. Tinning of brass vessels repairs and painting of furniture, crockery, cooking utensils in the Nurses quarters attached to the Government Hospitals.	(i) District Medical Officers, Deans or Heads of Medical Institutions not lower in rank than that of Civil Surgeon.	200	.. G. O. Ms. No. 1411, Health, dated 1st August 1966 made permanent in G.O Ms. No. 1975 Health, dated 23rd October 1969.
	(ii) District Family Planning Maternity and Child Health Officer and Principals, Regional Family Planning Training Centre.	100	.. G. O. Ms. No 842, Health, dated 1st April 1975.
3. Purchase of Gauze Linen (Bleached and unbleached cloth wash well and other items of soap and cotton).	(i) District Medical Officers and Civil Surgeons in-charge of hospitals with a bed strength up to 500.	2,000	.. G. O. Ms. No. 1580, Health, dated 17th June 1963.
	(ii) District Medical Officers and Civil Surgeons incharge of Hospitals with a bed strength over 500.	2,500	.. Do.
	(iii) Deans of Medical Colleges and Hospitals, including Principals of Medical Colleges and Superintendents of attahed teaching Hospitals.	3,500	Do.
	(iv) District Family Planning Maternity and Child Health Officer and Principal, Regional Family Planning, Training Centres.	100	.. G. O. Ms. No. 842, Health dated 1st April 1975.
4. Purchase of Medicine which are not available in Medical Stores Depot, Madras.	(i) District Medical Officers and Civil Surgeons in-charge of Hospitals with a bed strength upto 500.	2,000	.. G. O. Ms. No. 2755, Health, dated 12th December 1962.
	(ii) Superintendent, Government Ophthalmic Hospital, Madras.		.. G. O. Ms. No. 2374, Health, dated 4th October 1963 and G. O. Ms. No. 2652, Health, dated 25th October 1971.
	(iii) Superintendent, Tiruvotteeswarar Tuberculosis Hospital, Otteri, Madras.		
	(iv) Superintendent, Government Tuberculosis Hospital, Nagercoil.		
	(v) Director, Institute of Obstetrics and Gynaecology Government Women and Children Hospital, Madras.		
	(vi) Director, Tuberculosis Institute and Clinics, Chetput.		
	(viii) Director, King Institute, Guindy.		
	(viii) Deputy Director of Health Services and Family Planning (Family Planning).	2,000	R.Dis. No. 28/FPI/69, dated 5th March 1969 of the Director, Health Services and Family Planning.

APPENDICES.

II CONTINGENTS AND OTHERS FINANCIAL POWERS—*cont.*

Section I—Medical and Family Wings—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
Purchase of Medicine which are not available in Medical Stores Depot, Madras.	(i) District Medical Officers and Civil Surgeons in-charge of hospitals with bed strength over 500.	Rs. 2,500	G.O.Ms. No. 2755 Health, dated 12th December 1962. G.O. Ms. No. 2374, Health dated 4th October 1973and G.O.Mist No. 2652, Health dated 25th October 1971.
	(ii) Superintendent, Government Kasturba Gandhi Hospital for Women and Children, Madras.		
	(iii) Superintendent, Government Mental Hospital, Madras.		
	(iv) Superintendent, Tuberculosis Sanatorium, Tambaram.		
	(i) Deans of Medical College and Hospitals.	Rs. 3,500	G.O. Ms. No. 2374, Health, dated 4th October 1973.
	(ii) Principal, Thanjavur Medical College, Thanjavur.		
	(iii) Superintendent, Government Royapettah Hospital, Madras.		
	(iv) Superintendent, Government Hospital for Women and Children, Madras.		
	(v) Superintendent, R.S.R.M. Lying-in-Hospital, Madras.		
	(vi) Superintendent, R.M. Hospital, Thanjavur.		
	(vii) Superintendent, Medical College Hospital, Chingleput.		
	(viii) District Family Planning Maternity and Child Health Officers and Principal, Regional Family Planning Training Centres.	Rs. 300	G.O. Ms. No. 842, Health, dated 1st April 1975.
5. Purchase of apparatus instruments and machinery (equipments).	(i) Civil Surgeons in-charge of Hospitals with a bed strength upto 500.	Rs. 2,000	G.O. Ms. No. 2374, Health, dated 4th October 1973.
	(ii) Superintendent, Government Ophthalmic Hospital, Madras.		
	(iii) Superintendent,, Government Thiruveteeswarar Tuberculosis Hospital, Otteri-Madras.		
	(iv) Superintendent, Government Tuberculosis Hospital, Nagercoil.		
	(v) Director, Institute of Obstetrics and Gynaecology Government Women and Children Hospital, Madras.		
	(vi) Director, Tuberculosis Institute and Clinics, Chetput.		
	(vii) Director, King Institute, Guindy.		
	(viii) District Family Planning Maternity and Child Health Officer and Principal Regional Family Planning Training Centres.	Rs. 300	G.O. Ms. No. 842 Health, date 1st April 1975.

II CONTINGENT AND OTHERS FINANCIAL POWERS—*cont.*

Section I—Medical and Family Wings—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
5. Purchase of apparatus instruments and machinery. (equipments)—cont.	(ix) Deputy Director of Health Services and Family Planning (Family Planning)	Rs. 2,000	R.Dis. No. 28/FPI/69, dated 5th March 1969 of Director of Health Services and Family Planning.
Do.	(i) Civil Surgeon in-charge of Hospitals with bed strength over 500. (ii) Superintendent, Government Kasturba Hospital for Women, and Children Madras. (iii) Superintendent, Government Mental Hospital, Madras. (iv) Superintendent, Tuberculosis Sanatorium, Tambaram	Rs. 2,500	G.O. Ms. No. 2374 Health, dated 4th October 1963.
Do.	(i) Deans of Medical Colleges and Hospitals. (ii) Principal, Thanjavur Medical College, Thanjavur. (iii) Superintendent, Government Royapettah Hospital, Madras. (iv) Superintendent, Government Hospital, for Women and Children, Madras (v) Superintendent, R.S.R.M. Lying-in Hospital, Madras. (vi) Superintendent, R.M. Hospital Thanjavur. (vii) Superintendent, Medical College Hospital,Chingleput.	Rs. 3,500	Do.
	(i) District Medical Officers ..	Rs. 5,000	G. O. Ms. No. 692, Health, dated 23rd March 1972 and Government Memo. No. 41152 /H2/72-2, Health, dated 7th July 1972.
6. Write off of losses irrecoverable value of stores etc., or Public money lost through negligence or other causes.	District Medical Officers, Deans, or Heads of Institutions not lower in rank than that of a Civil Surgeon.	Rs. 250	G.O. Ms. No. 2351, Health,dated 20th July 1959 made. permanent in G.O. Ms. No. 2652, Health, dated 25th October 1971.
7. Repairs to motor vans, buses lorries, etc.,	(i) District Medical Officers, Deans or Heads of Institutions not lower in rank than that of a Civil Surgeon.	Rs. 500	Do.
	(ii) Deputy Director of Health Services and Family Planning (Family Planning).	Rs. 500	D.Dis. No. 213/F.P. III/68, dated 10th October 1968 of the Director of Health Services and Family Planning.
8. Supply of washing materials to dhobies in Government Hospitals.	District Medical Officers, Deans, or Heads of Institutions not lower in rank than that of a Civil Surgeon.	Rs. 100	G.O. Ms. No. 2351, Health,dated, 20th July 1959 made permanent in G.O. Ms. No. 2652, Health, dated 25th October 1971.

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
9. Advertisement charges for invitation of tenders for supply of diet, etc., articles and for publishing vacancies of non-medical post in respect of the advertisements released through the Director of Information and Publicity.	District Medical Officers, Deans of Heads of Institution not lower in rank than that of a Civil Surgeon.	At the rates approved and communicated by the Director of information and Publicity, Madras without monetary limit subject to the existence of budget provision.	G. O. Ms. No. 1307, Health, dated 18th May 1971.
10. Sanction for the write off irrecoverable items of hospital stoppages.	District Medical Officers, Deans or Heads of Institution not lower in rank than that of a Civil Surgeon.	Rs. 50	G.O. Ms. No. 2351, Health, dated 20th July 1959 made permanent in G. O. Ms.No.2652 Health,dated 25th October 1971.
11. Sanction of travelling allowance to non-gazetted staff for appearing before the Medical Board inconnection with the leave or extension of leave and for fitness to rejoin duty.	Do.	Full powers ..	Do.
12. Supply of furniture and crockery for use of the nursing staff attached to Government Hospitals.	Do.	Rs. 450 per Nurse.	G.O. Ms. No. 2351, Health, dated 20th July 1959 made permanent in G. O. Ms. No. 2652,Health dated 25th October 1971 and G. O. Ms. No. 1065, Health, dated 5th June 1965.
13. Supply of cooking utensils for use of Nurses in Government Hospital where there are common messes.	Do.	Rs. 500 towards initial supply to each hospital and Rs. 150 for renewal of vessels to each hospital.	G. O. Ms. No. 2351, Health, dated 20th July 1969, made permanent in G. O. Ms. No. 2652, Health, dated 25th October 1971.
14. Sanction for incurring photographic charges.	Do.	Rs. 50 at a time ..	.. Do.
15. Wall paintings in the district	District Family Planning Maternity and Child Health Officer.	Rs. 500 at a time	G.O. Ms. No. 2713 Health, dated 1st November, 1971.
16. Permission to occupy Government Quarters by the Officers during the period of leave.	District Medical Officers, Deans or Heads of Institutions not lower in rank than that of a Civil Surgeon.	Full powers ..	G.O. Ms. No. 2351, Health, dated 20th July 1959, made permanent in G.O. Ms. No.2652 Health,dated 25th October 1971.
17. Vacancy Certificate in respect of Government Quarters for Officers..	Do.	Do.	Do.
18. Creation and continuance of cooks and Toties in Government Medical Institutions including Gurkhal Watchman paid from contingencies.	Do.	Do.	Do.
19. Purchase of books and periodicals.	District Medical Officers and Heads of Institutions not lower in rank than that of a Civil Surgeon.	Rs. 250 per annum	Do.

III CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
19. Purchase of books and periodicals—cont.	(i) Deans and Principals of Medical colleges in City.	Rs. 30,000 ..	G. O. Ms. No. 1495, Health, dated 24th September 1968.
	(ii) Principal, Thanjavur Medical College, Thanjavur.	Rs. 15,000	Do.
	(iii) Principal, Coimbatore Medical College, Coimbatore.	Rs. 15,000	Government Memo. No. 6623/E /74, dated 4th December 1974.
	(iv) Dean, Madurai Medical College, Madurai.	Rs. 30,000	Government Memo. No. 54049/H/705-Health dated 12th March 1971.
	(v) Principal, Chengalpattu Medical College, Chengalpattu.	Es. 10,000	G.O. Ms. No. 1383' Health, dated 17th June 1965.
	(vi) Superintendent, Government Mental Hospital, Madras.	Rs. 10,000	G.O. Ms. No. 1848, Health,dated 22nd July 1963.
	(vii) Director, King Institute, Guindy.	Rs. 10,000	Do.
	(viii) Director, Institute of Obstetrics and Gynaecology and Hospital for Woman and Children, Madras.	Rs. 3,000	Do.
20. To sanction arrear claims of the staff working in the subordinate officers under their control (excluding the claims of the staff working in their own offices) which have been in abeyance over the year and up to three years.	The District Medical Officers ..	Full powers ..	G.O. Ms. No. 1265, Finance (Salaries) Department, dated 11th October 1973.

NOTE.—The period shall be counted from the date on which the increment certificate is signed in respect of arrears of increment.

21. To incur expenditure towards the manufacture of a new rubber stamp without approaching the Director of Stationery and Printing Madras.	All the Heads of Offices	Not exceeding Rs.5 (Rupees five only) each time.	G. O. Ms. No. 766 Transport, dated 25th September 1972.
22. To sanction renewal of ordinary and warm clothing to the Last Grade Government Servant and to forward the indents for clothing direct to Director of Stationery and Printing, Madras.	District Medical Officers, Superintendent, Tuberculosis Hospital, Nagercoil, Principal, Medical Officer, Arignar Anna Memorial Cancer Institute, Kancheepuram, Superintendents/Principal/Deans of Government Medical Colleges and Hospitals.	Full powers ..	G.O. Ms. No. 1245, Health, dated 12th May 1971 as amended in Government Memo. No. 86543/HI/71-7 Health, dated 30th June 1972.
23. To sanction contingent expenditure incurred by Drugs Inspector in the mufassal.	All District Medical Officers ..	Up to Rs. 50 (Fifty only) per year.	G.O. Ms. No. 1035 Health, dated 21st March 1956.
24. To sanction of lessing of private buildings to serve as quarters for the nursing staff.	Deans or Superintendent of Hospitals not below the rank of a Civil Surgeon in the case of City Medical Institutions and District Medical Officers in the case of mufassal Institutions.	On a monthly rent not exceeding Rs. 20 (Twenty only) per Nurse.	G.O. Ms. No. 1035, Health, dated 21st March 1956.

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
25. Granting of permission to married Women Head Nurses and Nurses to live outside the quarters subject to the condition that no quarters or room will theres by fall vacant and no extra expenditure is involved to Government.	Deans or Superintendents of Hospitals not below the rank of a Civil Surgeon in the case of City Medical Institutions and District Medical Officers in the case of mufassal Institutions.	Full powers	G.O. Ms. No. 1035, Health, dated 21st March 1956.

NOTE.—(1) Married femal nurses who are not provided with family quarters be allowed the payment of House Rent Allowance with effect from 2nd October 1970 at the rates admissible to other Government Servants.

(G. O. Ms. No. 1188, Health, dated 6th May 1971.)

NOTE.—(2) Married Gazetted Nursing Staff, viz., Nursing Superintendent, Grade I, Nursing Tutor, Grade-I• Nursing Superintendent, Grade II, Nursing Tutors Grade II working in Government Medical Institution who are not Provided with rent free quarters are allowed to draw House Rent Allowance at the rates applicable to other Government servants with effect from 2nd October 1970.

(G. O. Ms. No 133, Health and Family Planning Department, dated 21st January 1974.)

26. To sanction the expenditure to carry out departmentally in each year urgent petty works and repairs such as the renewal of broken tiles or Panes of glass and repairs to chimneys or floors which do not require technical skill or professional supervision by a Public Works Officer.	Superintendent, Government General Hospital, Madras.	Rs. 750 .. .. (Seven hundred and fifty only).	Article 153(4)(*a*) of Tamil Nadu Financial code, Volume-I.
	Superintendent, Hospital for Women and Children, Madras.	Rs. 300 (Three hundred only.)	Do.
	Superintendent, Government Mental Hospital, Madras.	Do.	Do.
	Dean, Government Stanly Hospital, Madras.	Do.	Do.
	Superintendent, Government Ophthalmic Hospital, Madras.	Rs. 250 (Two hundred and fifty only).	Do.
	Dean, Kilpauk, Medical College Hospital, Madras.	Do.	Do.
	Superintendent, Government Royapettah Hospital, Madras.	Rs. 100 (One hundred only).	Do.
	Superintendent, Government Tiruvetteeswarar Tuberculosis Hospital, Otteri, Madras.	Do.	Do.
	Director, Tuberculosis Institute and Clinics, Chepauk, Madras.	Do.	Do.
	Superintendent, Kasturba Gandhi Hospital for Women and Children, Madras.	Do.	D
	Superintendent, Headquarters Hospital, Thanjavur.	Rs. 200 (Two hundred only).	Article 153 (6) of Tamil Nadu Financial Code, Volume-I.
	Superintendent, Headquarters Hospital, Madurai at Dindigul.	Rs. 300 (Three hundred only).	Do.
	Superintendent, Headquarters Hospital, Coimbatore at Erode.	Rs. 100 (One hundred only).	Do.
	Superintendent, Headquarters Hospital, Tiruchirappalli.	Rs. 2,000(Two thousand only).	Do.
	Director, King Institute, Guindy	Rs. 200 (Two hundred only).	Article 153 (7) of Tamil Nadu Financial Code, Volume I

NOTE.—The Principal, Madras Medical College, Madras and Stanley Medical College and the Superintendent, Government General Hospital, Madras and Dean of Government Stanley Hospital, Madras, Superintendent, Government Hospital for Women and Children Madras and Superintendent, Government Mental Hospital, Madras, may obtain direct from the concerned section officer of the Public Works Department estimate for petty construction works and petty repairs of an urgent and essentaial nature costing not more then Rs. 1,000 at a time up to a limit of Rs. 4,000 per annum for each group of buildings, viz., the College Hostel or Hospital buildings, as the case may be, and carry out the work without reference to the Deprtment and meet the expe diture from out of the grant available for petty construction and repairs of medical institutions. — Article 153 (4) (*a*) Tamil Nadu Financial Code, Volume-I.

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the Subordinate officer in to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
Note.—*cont.*	The works may be sanctioned by the compettent officer of the Medical Department, Copies of all such estimates should however, be sent to the concerned Executive Engineers. The departmental execution of the works by the officers mentioned above will be subject to condition (1) below Article 152 of Tamil Nadu Financial Code, Volume, I. "All petty construction and repairs not of an urgent nature will be executed by the Public Works Department".		
27. To sanction the expenditure to carryout departmentally petty electrical works.	(i) Superintendent, Government General Hospital, Madras. (ii) Dean, Government Stanley Hospital, Madras. (iii) Superintendent, Government Royapettah Hospital, Madras. (iv) Superintendent, Government Hospital for Women and Children, Madras. (v) Superintendent, Government Ophthalmic Hospital, Madras. (vi) Superintendent, Government Kasturba Hospital for Women and Children, Madras. (vii) Superintendent, Government Tuberculosis Sanatorium and Institute, Madras. (viii) Superintendent,Government Mental Hospital, Madras. (ix) Dean Government Erskine Hospital, Madurai. (x) Superintendent, Headquarters Hospital, Coimbatore. (xi) Superintendent, R.M. Hospital, Thanjavur. (xii) Superintendent, R.S. R.M. Lying in-Hospital, Madras. (xiii) Dean, Kilpauk, Medical College Hospital, Madras.	Not exceeding Rs. 50 (Fifty) at a time subject to the condition that the total limit of expenditure for petty construction and repairs works fixed for the year for individual Hospitals in the note (I) under paragraph 95 (5) (ii) of Madras Public Works Department Code is not exceeded.	Article 154(*b*) of Tamil Nadu Financial Code, Volume-I.
	(xiv) District Family Planning Maternity and Child Health Officer and Principal, Regional Family Planning Training Centre.	Rs. 50 .. .. (Rupees Fifty only)	G.O. Ms. No. 842 Health, dated 1st April 1975.
28. To sanction estimate for expenditure on the construction and repairs of building.	District Medical Officers Superintendent of District Headquarters Hospital and Civil Surgeon.	Rs. 250 (Rupees Two hundred and fifty only.)	Para 322 of Tamil Nadu Medical Volume-I.
29. To accord permission to accept donations or gifts both in cash or in kind offered by philanthropists etc., for use in Government Medical Institutions. ..	District Medical Officers, Deans or Heads of Medical Institution not lower in rank than that of a Civil Surgeon.	Rs. 500 (Five hundred only at a time.)	G.O.Ms. No. 1522 Health, dated 16th August 1969.
30. Maintenance and repairs of publicity equipment and materials under the National T.B. Control Programme.	District Medical Officers ..	Rs. 20C (Two Hundred o ly). ..	.O. Ms. No. 1047, Health, dated 4th May 1972 communicated in R. Dis. No. 48/TBI/72, dated 16th May 1972.
31. Sanction of Grants-in-aid to the Urban Family Welfare Planning Centres run by Local Bodies and Voluntary Organisations.	District Family Planning Maternity and Child Health Officers.	Up to Rs. 7,500 ..	G.O. Ms. No. 822 Health, dated 31st Match 1975.

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section I—Medical and Family Wings—*cont.*

Nature of expenditure.	*Designation of the subordinate officers to whom powers are delegated.*	*Monetary limits.*	*Authority.*
(1)	(2)	(3)	(4)
32. Cinema slides	Deputy Director of Health Services and Family Planning (Family Planning and Mass Education).	Rs. 1,000 at a time	Proceedings R. Dis. No. 285/FPI/A4/73, dated 8th November 1973 of the Director of Health Services and Family Planning.
33. Bus Boards	Do. ..	Rs. 1,500 at a time	Do.
34. Family Planning Models ..	Do.	Rs. 1,000 at a time	Do.
35. Audio-Visual equipments ..	Do.	Rs. 500	Do.
36. Exhibitions	Do.	Rs. 200	Do.
37. Family Planning Advertisement.	Do.	Rs. 1,500	G.O. Ms. No. 1314, Health, dated 18th May 1971.
38. Paper, Boards, inks, press materials, equipments film chemicals, etc.	Deputy Director of Health Services and Family Planning (Family Planning).	Rs. 2,000 at a time on any one article or any number of articles of the same description either under contracts or by inviting tender or otherwise.	G.O. Ms. No. 842, Health, dated 1st April 1975.
39 Sanction of grant-in-aid to the Urban Family Welfare Planning Centres maintained by the Local Bodies and Voluntary Organisations.	Do.	Up to Rs. 50,000 ..	G.O. Ms. No. 822, Health, dated 31st March 1975.
40. Meeting travel expenses, incidental charges, etc., connected with the recanalization operation of the needy persons.	Do.	Rs. ₁00	G.O. Ms. No. 255, Health, dated 11th February 1970.
41. Purchase of drawing materials, stationery articles etc. that are not supplied by the Director of Stationery and Printing, Madras.	District Family Planning Maternity and Child Health Officers and Principals, Regional Family Planning Training Centres.	Rs. 50	G.O. Ms. No. 842 Health, dated 1s April 1975.
42. Purchase of publicity materials including audio-visual equipments etc., cinema slides, bus boards, films for camera, leather materials for artist.	District Family Planning Maternity and Child Health Officers.	Rs. 50	Do.

II. CONTINGENT AND OTHERS FINANCIAL POWERS.

Section II—Employees State Insurance Scheme.

Nature of Expenditure.	*Designation of the subordinate officer to whom powers are delegated.*	*Monetary limit.*	*Authority.*
1)	2)	(3)	(4)
1. Purchase of furniture, crockery and linen.	Deputy Director of Health Services and Family Planning (ESI.)	Rs. 10,000	G.O. Ms. No. 1411, Health, dated 1st August 1966 and P. No. 3/ESI/A2/67, dated 11th November 1967.

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the Subordinate officers to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
2. Supply of furniture and crockery to Nursing staff.	Deputy Director of Health Services and Family Planning (Employees State Insurance).	Rs. 450 (per member of the Nursing staff).	G.O. Ms. No. 1065, Health. dated 5th May 1965 and P. No. 3/ESI/A2/67, dated 11th January 1967.
3. Tinning of Brass vessels. repairs and varnishing of Furniture and cooking utensils in Houses/Quarrters of E.S.I Hospitals.	Do.	Rs. 1,000	G.O. Ms. No. 1411. Health, dated 1st August 1966 and P. No. 3/ESI/A2/67, dated 11th January 1967.
4. Purchase of Gauze, Bandage cloth, Absorbent cotton wool, Soap and other Dressing items.	Do.	Rs. 10,000	G.O. Ms. No. 1580, Health, dated 17th June 1973 and P. No. 3/ESI/A2/67, dated 11th January 1967.
5. Purchase on medicines ..	Do.	Rs. 10.000	G.O. Ms. No. 2755, Health, dated 12th December 1962 and P. No. 3/ESI/A2/67, dated 11thJanuary 1967.
6. Purchase of Apparatus instruments and medicines (equipments).	Do.	Rs. 10,000	G.O. Ms. No. 2755, Health, dated 12th December 1962 and P. No. 3/ESI/A2/67, dated 11th January 1967.
7. Shifting of Telephone Installations.	Do.	Rs. 50	Item 58(2) of Appendix 5 of Tamil Nadu Financial Code Volume II and P. No. 3/ESI/A2/67. dated 12th January 1967.
8. Supply of cooking utensils in Employees State Insurance Hospitals where common messes function.	Assistant Director of Health Services and Family Planning (Employees State Insurance).	Rs. 500 (initial supply to each hospital Rs. 150 for year *for each hospital* (renewal).	G.O. Ms. No. 1140, Public Health, dated 8th May 1960.
9. Supply of medicines (Not available in Medical Store Depot).	Regional Administrative Medical Officers (Employees State Insurance).	Rs. 2,000	G.O. Ms. No. 6000, (Labour), dated 26th December 1963.
10. Advertisment charges for publishing vacancies Non-Medical posts and for invitation of Tenders for supply of Diet articles.	Assistant Director of Health Services and Family Planning (Employees State Insurance).	No limit	Item 40 (2) (i) of Appendix 7 of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/57, dated 18th January 1958.
11. Annual Repairs in Employees State Insurance Medical institutions.	Do.	Rs. 2,500 . ..	Item 10 below Part I of Appendix II of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/57, dated 18th January 1958.
12. Renting of Private buildings for the accommodations of Nurses.	Do.	Rs. 20 p.m. for each Nurse.	Item 49 of Appendix 7 of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/57, dated 18th January 1958

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the Subordinate officers to whom powers are delegated.*	*Monetary limit,*	*Authority.*
(1)	(2)	(3)	(4)
13. Payment of fees to Government Pleader in connection with the renting of Private buildings.	Assistant Director of Health Services and Family Planning (Employees State Insurance).	No limit	Item 33 of Appendix 7 of Tamil Nadu Financel Code. Volume I and P. No.6/ESI/A/57, dated 18th January 1958.
14. Purchase of Books and periodicals.	Do. ..	Do.	Item 8(B) (1) 91 VIII and 2-III of Appendix 7 of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/67, dated 18th January 1958.
15. Purchases of Tyres and Tubes	Do. ..	Rs. 1,000 ..	G.O. Ms. No. 900 (Home), dated 17th March 1953 and item 39 D-Appendix 7 of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/57 dated 18th January 1958.
16 Incurring of Photographic charges.	Do. ..	No limit ..	Item 41 of Appendix 7 to Tamil Nadu Financial Code and P. No. 6/ESI/A/57, dated 18th January 1958.
17. Incurring of expenditure over the permissible limit of the cost of diet articles.	Do. ..	Do.	Para 8, Part XV under Appendix VI of Tamil Nadu Financial Code, Volume II and P. No. 6/ESI/A/57, dated 18th January 1958.
18. To sanction Daily allowance at full rate for first 15 days at rates not exceedings three fourth of the ordinary rates in excess of 15 days halts to gazetted and non-gazetted servants up to 30 days.	Do. ..	Do.	Rule 44(1) of Tamil Nadu Travelling Allowance rules, and P. No. 6 ESI/A/57, dated 18th January 1958.
19 o sanction Daily Allowance at half the rates for halts in excess of 15 days at any place including Headquarters in connection with the course of training up to 30 days.	Do. ..	Do. ..	Rule 106 (a) of Tamil Nadu Travelling Allowance Rules and P. No. 6/ESI/A/57, dated 18th January 1958.
o sanction Travelling Allowance to Medical Officers posted to Employees State Insurance Medical Institutions for short periods not exceeding one month in place of Medical officers summoned to give evidence or proceeding on casual leave, etc.	Do. ..	Do.	Rule I under rule 61 of Tamil Nadu Travelling allowance rules and P. No. 6/ESI/A/57, dated 18th January 1958.
To sanction actual expense subject to the maximum Travelling Allowance admissible for a journey on tour (without halting llowance) to Gazetted and non--Gazetted officers for appearing before the Medical Board in connection with leave or extension of leave and fitness to join duty.	Do. ..	Do.	Rule 102 of Tamil Nadu Travelling Allowance Rules and ruling there under and P. No. 6/ESI/A/57, dated 18th January 1958.

II. CONTINGENT AND OTHERS FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the Subordinate officers to whom powers are delegated.*	*Monetary limits.*	*Authority.*
(1)	(2)	(3)	(4)
22. To sanction hiring conveyance on a journey for which no Travelling Allowance is admissible.	Assistant Director of Health Services and Family Planning (Employees State Insurance).	No limit	Rule 51(b) of Tamil Nadu Travelling Allowance Rules and P. No. 6/ESI/A/57, dated 18th January 1958.
23. To sanction Allowance to a Government servant to proceed on duty to any part of the territory of the State Government or to a District State or Foreign settlement adjoining the territories of State Government, etc.	Do. ..	No limit	Rule 60(b) of Tamil Nadu Tavelling Allowance Rules/ and P. No. 6/ESI/A/57, dated 18th January 1958.
24. To sanction for medical Officers the acceptance of examinership of various Universities and the remuneration there for.	Do. ..	No limit	Item 7(A) of Appendix 15 to Tamil Nadu Financial Code, Volume II and subsidiary rule under F.R. 47 and P. No. 6 ESI/A/57, dated 18th January 1958.
25. To sanction for the acceptance of remuneration for Radio broadcast Talks.	Do. ..	No limit	Rule 47 under F.R. and P. No. 6/ESI/A/57, dated 18th January 1958.
26. To sanction General Provident Fund advance in respect of Gazetted Officers and Non-Gazetted Officers in receipt of pay of more than Rs. 150.	Do. ..	Up to the amount available in the fund account of the subscriber.	Rule 14 of General Provident Fund rules and P. No. 6/ESI/A/57, dated 18th January 1958.
27. To sanction for the petty purchase of stationery articles.	Do. ..	Rs. 50	Tamil Nadu Stationery Manual and P. No. 6/ESI/A/57, dated 18th Janudary 1958.
28. To sanction advances of Travelling Allowance on tour to officers working under control.	Do. ..	No limit	Articles 84 to Tamil Nadu Financial Code, Volume I and P. No. 6/ESI/A/57, dated 18th January 1958.
29. For the condemnation of a cycle and purchase of a new cycle in place of one condemned.	o	No limit	Item 6(2) and (3)and Appendix 7 to Tamil Nadu Financial Code Volume II and P. No. 6/ESI/A/57, dated 18th January 1958.
3 . ceptance of Tenders in respect of certain diet atricles.	Do. ..	No limit	G.O. Ms. No. 184, Health, dated 15th January 1953 and P. No. 6/ESI/A/57, dated 18th January 1958.
31. To write o of loses irrecoverable value of stores, etc., or public money,loss through fraud negligence or other causes.	Do.	Rs, 2,500	G. O. Ms. 2351, (Health), dated 20th July 1959 and R. No. 919/ESI/A/62, dated [illegible] November 192. 6

II. CONTINGENT AND OTHER FINANCIAL POWERS—*cont.*

Section II—Employees State Insurance Scheme—*cont.*

Nature of expenditure.	*Designation of the Subordinate officers to whom powers are delegated.*	*Monetary limit.*	*Authority.*
(1)	(2)	(3)	(4)
32. To write off of irrecoverable value of furniture, etc., damaged or lost through fraud, negligence or other causes (including nurse, quarters).	Assistant Director of Health Service and Family Planning (Employees State Insurance).	Rs. 500	G.O. Ms. No. 2351, dated 20th July 1959 and R. No. 919/ESI/A/62, dated 30th November 1962.
33. Supply of washing materials to Dhobies in Employees State Insurance Hospitals.	Do.	No limit (Subject to budget provision).	G.O. Ms. No. 2351, (Health), dated 20th July 1959 and 919/ESI/A1/62, dated 30th November 1962.
34. To sanction for repairs to Motor vans, lorries, and Ambulance, etc.	Do.	Rs. 2,500	G.O. Ms. No. 2351, Health, dated 20th July 1959 and R. No. 919/ESI/A1/62, dated 30th November 1962.
35. To write off of irrecoverable hospitals stoppages.	Do.	No limit	G.O. Ms. No. 2351, Health, dated 20th July 1959 and R. No. 919/ESI/A1/62, dated 30th November 1962.
36. To incur expenditure for leasing of private Buildings on rent for Medical institutions.	Do. ..	Rs. 200 per mensem (Subject to condition laid down in clause (a) to Appendix 7 Item 49 of Tamil Nadu Financial Code, Volume-II.	G. O. Ms. No. 2351, Health, dated 20th July 1959 and R. No. 919/ESI/A1/62, dated 30th November 1962.
37. To sanction estimates for electrical works.	Do. ..	Up to a limit of Rs. 400 for each estimate (Total limit should not exceed Rs. 4,000 a year for each hospital or institution).	G.O. Ms. No. 2351, (Health), dated 20th July 1959 and P. No. 9199 ESI/A1/62, dated 30th November 1962.
38. To sanction estimates for addition and improvements to existing electrical installation (non-residential buildings).	Do. ..	Up to a limit of Rs. 2,000 for each estimate (Total limit should not exceed Rs. 4,000 a year for petty construction and repairs for each hospital or institution).	G.O. Ms. No. 2351, Health, dated 20th July 1959 and R. No. 919 ESI/A/1/62, dated 30th November 1962.
39. To sanction the refund of small amount not due to Government in respect of Hospital stoppages, double payment of fees for a Medical Certificate and Registration fees.	Do. ..	Up to Rs. 100 ..	G.O. Ms. No. 2351, (Health), dated 20th July 1959 and R. No. 919/ESI/A1/62. dated 30th November 1962.
40. To sanction arrear claims of the staff under his control which have been in abeyance over one year and upto three year.	Regional Administrative Medical Officer (Employees State Insurance).	Full Power .	G.O. Ms. No. 1265-Finance (Salaries), dated 11th October 1973.
41. To sanction the expenditure for urgent petty works and repairs (departmentally such as the renewal of the ken tibs or panes of glass and repairs to chimneys or floors which do not require technical skill or professional supervision by a Publuc Works Officer.	Regional Administrative Medical Officers (E.S.I.) Madurai and Coimbatore, Superintendent, E.S.I. Hospital, Madras, Coimbatore and Madurai and Assistant Director of Health Services and Family Planning (Employees State Insurance).	Rs. 500 at a time subject to a maximum of Rs. 5,000 per annum.	G.O. Ms. No. 340, Labour, dated 17th May 1973.
42. Purchase of Linen	Regional Administrative Medical Officers (Employees State Insurance).	Rs. 2 000	G.O. Ms. No. 223, (Labour), dated 26th March 1970

PART III.

POWERS DELEGATED TO THE SUBORDINATE OFFICERS, i.e., HEADS OF OFFICES BELOW THE RANK OF CIVIL SURGEON AND ASSISTANT SURGEONS IN CHARGE OF MEDICAL INSTITUTIONS UNDER THE CONTROL OF HEALTH SERVICES AND FAMILY PLANNING (MEDICAL) DEPARTMENT.

Nature of expenditure. (1)	*Monetary limit.* (2)	*Authority.* (3)
1. Local purchase of medicine, drugs dressing such as lint gauze and long cloth and bedding and linen that are not available in Medical Store Depot, Madras.	(i) Rs. 50 fifty (only) at one time in Government Dispensaries.	Item No. 26 (A) (i) in Appendix 7 of Tamil Nadu Financial Code, Volume II, 1953 Edition and G. O. Ms. No. 1609, Health, dated 9th July 1970.
	(ii) Rs. 200 (Two hundred only) at one timefor the Assistant Surgeons in charge of Hospitals where the bed strength does not exceed fifty.	
	(iii) Rs. 500 (Five hundred only) at one time for the Assistant Surgeon in-charge on hospitals where the bed strength exceeds fifty.	
2. To incur expenditure towards the manufacture of a new rubber stamp whithout approaching the Director of Stationery and Printing.	Not exceeding Rs. 5 (Five only) each time.	G. O. Ms. No. 766, Transport, dated 25th September 1972.
3. To sanction expenditure on purchase of petrol for the motor vehicles under their control.	Rs. 50 (Fifty) at one time subject to the maximum limit of Rs. 1,000 (One thousand only) per year.	G. O. Ms. No. 2608, Health, dated 16th November 1961.
4. To sanction expenditure towards charges for carrying out repairs to Motor Vehicle under their control.	Rs. 25 (Twenty-five) at time	G. O. Ms. No. 149, Health, dated 16th January 1963.
5. o accept donations of gifts both in cash or in kind offered by philonthropists, etc., for use in Government Medical Institutions.	Rs. 200 (Two hundred only)	G. O. Ms. No. 1522, Health, dated 16th August 1969.

RULES TO REGULATE THE RECRUITMENT AND CONDITIONS OF SERVICE OF HONORARY MEDICAL OFFICERS IN GOVERNMENT MEDICAL INSTITUTIONS IN TAMIL NADU.

1. **Scope of appointment.**—Honorary Officers may be appointed to all Government Hospitals and teaching institutions at the discretion of Government.

2. **Advertisements of vacancies.**—Whenever it is proposed to make an honorary appointment in any Government Institution, due publicity should be given to such proposal by publication on the notice board of the institution concerned and on the notice board of the office of the District Medical Officer in the case of mufassal institutions and also in the Public Press. Applications in the prescribed form for appointments should be invited specifying the special qualification if any, required. In case of urgency, temporary appointments of Honorary Medical Officers without the usual procedure of advertisement and selection may be made by the Director of Health Services and Family Planning in leave vacancies not exceeding 30 days, and by the Government in cases of longer duration.

3. **Selection and appointment.**—(*a*) Teaching Institutions.—Appointments will be made by the Government on a consideration of the recommendations made by the Director of Medical Education. In making his recommendations the Director of Medical Education shall consult a committee consisting of the Principal/Dean of the College, the Superintendent/Dean of the attached hospital and one senior physician or surgeon (paid or honorary) of the hospital.

(*b*) **Hospitals not attached to teaching institution.**—Appointments will be made by the Government on a consideration of the recommendations, made by the Director of Health Services and Family Planning. In making his recommendations, the Director of Health Services and Family Planning shall consult a committee, consisting of the District Medical Officer and one honorary medical officer of the District.

NOTE.—The Honorary Medical Officer in the Selection Committee referred to in items (*a*) and (*b*) above should not himself be a candidate for appointment. If no Honorary Medical Officer, who is not himself a candidate for appointment available to serve on the Committee, the Committee will be constituted without an Honorary Medical Officer.

4. **Designation.**—(1) There shall be two classes of honorary Medical Officers, viz.,

(i) Honorary Medical Officers (Surgeons and Physicians):

(ii) Honorary Assistant Medical Officers.

(2) All the Hionorary Surgeons and Honorary Physicians employed in hospitals attached to teaching institutions who are considered fit and worthy to be reappointed for a further term of three years and are so appointed may be designated as Honorary Professors ;

Provided that any outstanding Honorary Surgeon or Honorary Physician, may, at the discretion of the Government, be designated as Honorary Professor notwithstanding the condition mentioned above.

5. **Qualifications** W(1) No person shall be eligible for appointment as an Honorary Assistant Medical Officer unless he belongs to or is domiciled in this State and possesses a Medical Degree of a University in this State or other recognized University and is registered under the Tamil Nadu Medical Registration Act, 1914 ;

Provided that in the case of teaching medical institutions, the candidates should be in possession of Post-graduate qualification. If no post-graduate candidates apply for honorary Assistant Medical Officers' post-graduate with not less than 2 years experience may be appointed,

Provided that in the case of a non-teaching hospital, a diploma holder whose name in registered under the Tamil Nadu Medical Registration Act, 1914, will also be eligible for selection;

Provided also that if he is to be appointed in the Dental Department of a medical institution he should possess a diploma or Degree in dentistry given after examination by a University Board or Faculty recognized by the Government of the Country in which, it was awarded or tregistered in Part A or B of the State Register of Dentists.

(2) In teaching medical institutions, a candidate for appointment to the post of an Honorary Medical Officer (Surgeon or Physician) should possess the higher post-graduate degree of M.D

M.S., M.R.C.P., F.R.C.S., M.R.C.O.G. or equivalent qualification prescribed by the University for the particular post. Preference shall be given to candidates possessing such higher degrees for appointment to other posts in teaching or non-teaching medical institutions.

(3) No person shall be eligible for appointent as Honorary Medical Officer (Surgeon or Physician) unless he has worked as an Honorary Medical Officer in the concerned subject for a period of not less than eight years or produces evidence of having worked in a similar capacity in a recognized institution for a similar period :

Provided that a person who possesses the qualification mentioned in sub-rule (2) above if he is considered otherwise competent and to possess adequate experience in the speciality, be appointed as an Honorary Medical Officer (Surgeon or Physician) after having served as Honorary Assistant Medical Officer for a period of not less than five years.

NOTE.—The period of leave availed by an Honorary Assistant Medical Officer for undergoing post-graduate course or special training in his speciality in India or abroad will be conunted towards the eight years' period referred to in sub-rule (3).

6. **First appointment.**—The first appointment to the Honorary Service shall be to the post of contrary Assistant Medical Officer.

7. The Medical Officers desirous of holding honorary appointments in special subjects, but who have not had the special training necessary to give them proficiency in that subject will be permitted to undergo training without payment of fees at one of the Government Medical Colleges or Hospitals attached to a teaching institution for the period considered necessary by the Director of Medical Education, provided they execute a bond to serve the Government as Honorary Medical Officers in that speciality for a minimum period of three years, if so required on completion of the training, at a place to be agreed to before hand by the applicant and the Director of Medical Education. The Officers will not be entitled to any Travelling allowance for journeys which they may undertake in this connection.

8. **Tenure of appointment.**—(1) A person appointed to the post of Honorary Medical Officer or Honorary Assistant Medical Officer shall hold it for a period upto 3 years. On the termination of the period of appointment, the vacancy shall be advertised in accordance with the provision of rule 2. A person holding the post of Honorary Medical Officer or Honorary Assistant Medical Officer may be appointed for a further period up to 3 years at a time subject to satisfactory work and conduct and at the discretion of the Government.

(2) **Probation.**—A person appointed to the post of Honorary Assistant Medical Officer or Honorary Medical Officer (Surgeon or Physician) shall be on probation for a period of two years.

(3) If during the period of probation, the work and conduct of the Honorary Medical Officer is unsatisfactory or if it is considered that his professional ability is not up to the required standard his appointment is liable to be terminated.

9. **Honoraria.**—Honorary Officers will be eligible for honoraria or allowance subject to such conditions and such rates as the Government may prescribe from time to time.

10. **Receipt of fees from patients.**—Honorary Medical Officers must abide by the Government rules in force in regard to the acceptance of fees from patients by the staff of the hospital.

11. Dutie.—(i) Honorary Officers should conform to the rules in force in the institutions in which they are working in so far as they relate to the admission, care and discharge of patients, the use of Government materials, and also the hours of attendance.

(ii) Honorary Officer should perform such duties as may be assigned to them. The allocation of all their duties will be made by the Director of Health Services and Family Planning in the Non-technic Medical Institutions by and the Director of Medical Education in the teaching Medical Institutions.

(iii) Honorary Officers shall give at least three full hours of the best part of the day for service in the hospitals in which they are appointed.

(iv) Honorary Officers who have only out-patients in their charge should attend daily during the out-patients hours.

(v) Subject to the above rules the hours of attendance shall be fixed by the Director of Medical Education or by the Director of Health Services and Family Planning as the case may be on the recommendation of the head of the teaching institution, the Superintendent of the hospital or the District Medical Officer, as the case may be, but the hours so fixed should be uniform for all districts.

(vi) Honorary Officers with special qualifications will as far as possible be placed in independent charge of special departments, e.g., (1) Eye, (2) Ear, Nose and Throat, (3) Radiology, (4) Venereal Diseases, etc., and given full scope to work up successful clinics. The duty of these officers will be to attend to the work in the special departments in their charge.

(vii) Honorary Surgeons and Physicians will be placed in-charge of a specified number of beds for surgical and medical cases respectively and they will be entirely responsible for the treatment and care of the patients in their charge. They should visit the patients in their charge daily or more than once daily should that be necessary except on Sundays and answer all emergent calls relating to these patients on Sundays. In the hospitals which are attached to Teaching Institutions the Honorary Officers will be responsible for imparting clinical instructions to students in connection with the beds in their charge in accordance with such plans as may be laid down by the Professor in-charge of the medical or surgical unit or by the Superintendent of the hospital.

(viii) The entire management and control of Government Medical Institutions and the discipline of the staff are vested in the respective heads of teaching institutions Superintendents or Medical Officers in-charge as the case my be. Honorary Officers should observe all the rules in force and report all instances of neglect or in-attention or other breaches of discipline relating to their wards to the Superintendents or Medical Officers in-charge, who will deal with them. They may freely consult the heads of teaching institutions, Superintendents or Medical Officers in-charge on any points in respect of which they consider that the rules admit of improvement, but they must abide by any decision the latter may arrive at.

The heads of teaching institutions, Superintendents and Medical Officers in-charge of the hospitals should give full scope to the Honorary workers and endeavour to make the scheme a success.

(ix) Honorary Officers who are in sole charge of Government Medical Institution, should be prepared to co-operate with the Public Health staff in epidemic work also in their respective localities, in the event of sudden out-break of an epidemic.

(x) In emergencies like air-raids, riots, etc., honorary officers shall place their services at the disposal of the authorities concerned, if required to do so by the head of the medical institution or the District Officer, as the case may be.

12. Connection with press and general conduct.—(1) No Honorary Medical Officer shall, in any publication or communication to the press or public speech, criticise adversely any policy pursued or action taken by the Government, in the matter of medical administration, nor shall be in any manner participate in any such discussion or criticism.

(2) No Honorary Medical Officer shall, except with the previous sanction of the Director of Health Services and Family Planning or Director of Medical Education as the case may be have recourse to any court or the press for vindication of his official acts or character from defamatory attacks.

(3) Nothing mentioned in sub-rule (2) shall derogate from the right of an Honorary Medical Officer to vindicate his private acts or character.

(4) No Honorary Medical Officer shall, in any document published by him or in any communication made by him to the press or in any public utterance delivered by him, make any statement of fact or opinion which is capable of embrassing the State or the Union Government.

13. Issue of certificates.—Honorary Medical Officers will issue the necessary certificates for patients under their treatment but should not, except at the special request of the Superintendent, or in his absence, of the Senior Medical Officer in-charge deal with any cases in the in-patient or out-patient department other than those assigned to them or with the other miscellaneous work of the hospitals.

14. Medico-Legal work.—Honorary Medical Officers appointed in Government Medical Institutions may be called on to conduct post-mortem and other medico-legal work subject to the conditions specified below :—

(1) In mofussil hospitals post-mortem work connected with Judicial cases shall be performed by a whole-time Government Medical Officer, when he is in the station and by the Honorary Medical Officer in his absence. If there is a Lady Medical Officer attached to the institution, the post-mortem work on female bodies should be done by that officer.

(2) The remuneration to be paid to the Honorary Medical Officer for the work will be regulated by paragraph 650 (6) of the Tamil Nadu Medical Code, Volume-I.

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15. Private Practice.—(a) Teaching institution.—Honorary Officers attached to teaching institutions shall restrict their private practice to consulting or specialist practice in their subject.

(b) **Other institutions.**—Honorary Officers will be free to undertake private Practice outside Government Medical institution. They shall not—

(1) receive any fee from patients for the purpose of admitting them to Government Medical Institutions; or

(2) discharge any patient from the hospital for the purpose of treating as a private patient provided that it shall be open to an honorary officer to take under his care a patient who has been discharged from the hospital in accordance with the rules governing the discharge of patients from Government hospitals.

Private patients may be admitted in Government medical institutions irrespective of whether they have made payment or not to the Honorary Medical Officers for consultation outside the institutions, but every patient so proposed to be admitted should take his turn according to the usual procedure and no preference should to be shown to those who have consulted honorary officers privately.

16. Hours of attendance.—An attendance register shall be maintained in each Government Medical Institutions. Honorary Medical Officers should attend the institutions at the prescribed hour and should also note therein the time of their departure. Superintendents or heads of the medical institutions concerned will make a weekly verification of the register. If, for any reason, Honorary Medical Officers are unable to attend during the prescribed hours, they should inform the Superintendents or Medical Officers in-charge as the case may be, in time, in order to enable them to make other arrangements for carrying on the work.

17. Leave.—Honorary Medical Officers may be granted casual leave up to 20 days in a year by the Heads of Teaching Institutions, the Superin'endents or the Medical Officers in-charge as the case may be. They, may also be granted laeve aabsence other than casual leave at the rate of 1/22 of the period of duty, subject to a maximum of 30 days at a time if arrangements can be made for carrying in their duties with out oppointing substitute and without extra expenditure to Government. Such leave shall be granted by the Heads of Teaching Institutions, the Superintendents of Institutions or the Medical Officer in-charge as the case may be in respect of Honorary Assistant Medical Officers and by the Director of Health Services and Family Planning or the Director of Medical Education in the case of Honorary Surgeons and Honorary Physicians on the basis of leave accounts maintained in each institution.

Leave of absence other than causl leave for a period exceeding 30 days at a time may be granted to all Honorary Medical Officers and Honorary Assistant Medical Officers by the Goverment and the Director of Health Services and Family Planning respectively on medical grounds or for other special reasons. No Honorary Medical Officers or Honorary Assistant Medical Officer who has been granted leave on Medical grounds may return to duty without first producing a medical certificate of fitness from a Medical Officer not lower in rank than a Civil Surgeon

Leave for purposes of study in India and out side India may be granted to Honorary Medical Officers with the specific sanction of the Government subject to the condition that the duration of the approved course of study is less than two years. Those Honorary Medical Officers or Honorary Assistant Medical Officers who propose to apply for leave to undergo an approved course of Post-graduate study (including leave out of India for study purpose) for a period of two years or more should resign their appointments before they take up the Post-graduate course or to availl eave out of India for study purpose.

Such of the Officers as are given honorarium will not be eligible for the honorarium during the period of leave other than casual leave.

18. Transfer.—A honorary Assistant Medical Officer or Honorary Medical Officer may be transferred from one institution to another within the Madras City. An Officer may be transferred from the City to an institution in a mofussil station and *vice versa* or from one place to another in the Mofussil after obtaining the willingness of the officer to serve in the new station.

19. Age limit.—Honorary Medical Officers and Honorary Assistant Medical Officers will not be retained in service after they attain the age of 55 years, in exceptional cases where the services of the Honorary Medical Officers or Honorary Assistant Medical Officers are essential in public interest, they may be continued in service till they attain the age of 58 years subject to specific sanction of Government being obtained on the production of a certificate of Physical fitness.

20. **Use of Government Libraries.**—Honorary Officers will be allowed the use of the Libraries in the institutions in which they are appointed on the same terms as for paid Government Officers.

21. **Responsibility in case of loss of, or damage to, etc., to Government property.**—Every Honorary Medical Officer will be held personally responsible for any loss sustained by Government through fraud or negligence on his part and he will be liable to make good the value of Government property or equipment lost, damaged or destroyed by default or carelessness.

22. **Reports on Officers.**—On the 31st January of each year, heads of institutions, District Medical Officers in the case of mofussil hospitals and Superintendents of State hospitals should submit to the Director of Health Services and Family Planning or the Director of Medical Education as the case may be in the form prescribed by him ; confidential reports on all Honorary Medical Officers serving under them. During the period of probation half-yearly confidential reports should be submitted to the Director of Health Services and Family Planning or to the Director, Medical Education as the case my be.

23. **Termination of appointment.**—The appointment will ordinarily be terminable by three month's notice in writing on either side. Honorary Medical Officers who have executed bonds under rule 7 should, however, serve the Government for the period prescribed in the bonds. In all cases, the Government reserve the right to termminate the appointments or to accept the resignations of Honorary Medical Officers, without any notice and without assigning any rsasons therefor. In the event of a breach of rule 15, the service of the Honorary Medical Officer concerned are liable to be summarily dispensed with. In case where the charge against an Honorary Medical Officer are not of a confidential nature, he may be given an opportunity to explain. In regard to adverse confidential reports against an Honorary Medical Officer, the Director of Health Services and Famly Planning or the Director of Medical Education as the case may be, may call for an explanation which should be submitted through the head of the hospital the District Medical Officer or the head of the teaching institution in which the officer is working.

24. **General.**—The Government reserve the rght to amend or to add to these rules as they deem fit.

N.B.—Wherever the words " Head of the Institution " occur in the above rules, they shall be deemed to include also the Principal of the College, if any, attached to the institution.

(G.O. No. 1328, P.H., dated 22nd April 1948.)
Government Memorandum No. 24215-M/50-1, Health, dated 31st July 1950.
G.O. No. 763, Health, dated 8th March 1951.
G.O. Ms. No. 3148, Health, dated 12th September 1951.
Govt. Memo. No. 103421/H1/60-7, Health, dated 4th October 1961.
G.O. Ms. No. 1430, Health, dated 23rd June 1964.
G.O. Ms. No. 2440, Health, dated 19th October 1970.
G.O. Ms. No. 366, Health, dated 18th February 1971.
G.O. Ms. No. 2811, Health, dated 16th November 1971.
G.O. Ms. No. 2954, Health, dated 20th December 1972 and
G.O. Ms. No. 57, Health, dated 9th January 1974.

RULES TO REGULATE THE APPOINTMENT OF HONORARY MEDICAL OFFICERS IN INSTITUTIONS OF MODERN MEDICINE UNDER THE CONTROL OF LOCAl BODIES IN THE STATE OF TAMIL NADU.

Deleted.

APPENDIX IV.

RULES FOR THE TRAINING OF M.B.B.S. AND D.M. & S. HOUSE SURGEONS IN THE GOVERNMENT TEACHING HOSPITALS AND OTHER RECOGNISED HOSPITALS.

I. RULES FOR COMPULSORY ROTATORY HOUSE SURGEONCY TRAINING IN TEACHING HOSPITALS AND OTHER RECOGNISED HOSPITALS IN TAMIL NADU.

1. *Scope and object.*—Compulsory Rotatory House Surgeoncy, which commences soon after the completion of the final M.B.B.S. is an integral part of the M.B.B.S. course. This training was instituted in Tamil Nadu from the year 1963, after abolishing the internship as per the recommendations of the Medical Council of India.

2. Every student shall be required to spend a period of 12 months in Compulsory Rotatory House Surgeoncy after passing final M.B.B.S. examination so as to be eligible for full registration.

3. The University shall issue a provisional M.B.B.S. pass certificate on passing the final examination.

4. Every student prior to the award to the Degree shall undergo one year of Compulsory Rotatory House Surgeoncy in teaching institutions or any other Hospitals (recognised) for the purpose by the University of Madras. Three months of this period shall be spent in Public Health work and the remaining nine months shall be spent in medical, surgical and obstetrics and gynaecology by rotation of three months in each.

5. The object of this training is to provide adequate clinical experience and training in Public Health to young new graduates.

6. Every student shall be entrusted with clinical responsiblities during the period of House Surgeoncy and the day-to-day work shall be verified and certified by the Medical Officers under whom he works. Every candidate shall perform such duties as may be assigned to him from time to time by the Head of Institution where he is posted and shall be under the supervisory and disciplinary control of the Professors, Deans and Principals of the Medical Colleges.

(*a*) During the period of the Compulsory Rotatory House Surgeoncy, a report about the work and conduct of the Rotatory House Surgeons shall be obtained by the Deans and Principal of Medical Colleges from the Physician or Surgeon, etc., at the end of each phase of trainig. If his/her work and conduct are unsatisfactory during the period, a repo t shall be submitted at once to the Director of Medical Education, Madras by the Dean/Principal/Superintendent with his specific recommendations for withholding or curtailing the renumeration and the period up to which the punishment is to be given. The Director of Medical Education, Madras shall have full powers to issue final orders in the matter.

(*b*) A proper record of each House Surgeon shall be maintained in the institution where they undergo training. For reference, a permanent register of all Compulsory Rotatory House Surgeons shall be maintained in each institution by the Dean/Principal/Superintendent as the case may be, containing the reports of the Dean and the concerned Physician/Surgeon as.

7. The State Medical Council shall grant a Provisional Registration Certifieate to the candidates on production of the provisional M.B.B.S. pass certificate and also an order from the Dean or Principal of the Medical College showing that the candidate has been admitted to undergo the Compulsory Rotatory House Surgeoncy, The provisional registration shall be in force for period of one year.

8. *Provision of quarters.*—Each candidate shall be entitled to rent-free accommodation only if quarters are available. Where it is not possible to provide rent-free accommodations each candidate shall be granted house rent allowance as per the rates prescribed by the Government from time to time. Each candidate shall be entitled to the free supply of electric current up to a limit, as prescribed by the Government from time to time at the Government cost.

9. *Caution money.*—A sum of Rs. 25 shall be levied from each candidate as security against loss or damage to Hospital equipments which he o r she may handle while holding appointment. The caution money shall be paid into the Treasury under revenue deposit account under article 262 of the Tamil Nadu Financial Code, Volume I. The caution deposit shall be refunded to the candidate at the time of the termination of the House Surgeoncy and damage or loss of House property being made good from the deposit.

10. *Grant of leave.*—Each candidate shall be granted leave of absence by the Dean or Principal in the college for a period of one month in all during their one year of service. for reasons of health or urgent private affairs. During the period of leave they shall be permitted to draw he remuneration admissible to them. No casual leave or other leave shall be granted, in addition to one month leave referred to above.

If a candidate avails of the leave for one month or more continuously he shall be permitted to undergo the training and complete one year period of training, if necessary, without claiming any remuneration for this extra period of training and after obtaining the approval of the Director of Medical Education. The Director of Medical Education shall have full discretion in the matter of posting the candidates and granting leave exceeding one month.

11. *Private practice.*—Compulsory Rotatory Surgeons shall not engage themselves in private practice during the tenure of their appointment of this one year course of training.

12. *Payment of mess dues.*—Each candidate shall be required to pay the mess bills, establishment charges, etc., due by them regularly every month failing which they shall be expelled from the quarters without further notice. The Dean and Principal of the Colleges are empowered to expel such candidates for sufficient reasons.

13. *Termination of appointment.*—The Director of Medical Education shall terminate the appointment of a Compulsory Rotary House Surgeon for sufficient reasons. An appeal against the orders of the Director of Medical Education shall lie with the Government.

14. *Power to amend or alter the rules.*—The Government reserve the right to amend or to add to these rules as they deem fit.

II. RULES FOR THE TRAINING OF D.M. & S. HOUSE SURGEONS.

1. *Appointment.—Scope and object.*—Every candidate who passes the final D.M.&S. Examination successfully will be appointed as a House Surgeon in any one of the Government Hospitals in Madras City or in the District Headquarters Hospitals. The main object of the appointment is to provide compulsory clinical experience for the candidates who have passed their final D.M.&S. examination before awarding them the Diploma in Medicine and Surgery. D.M.&S. House-Surgeoncy is not however compulsory for the candidate who have already undergone house surgeoncy as G.C.I.M. Doctors. The Director of Medical Education reserve the right to refuse admission to House Surgeoncy training to any candidate for valid reasons.

(*a*) During the Period of the Compulsory Rotatory House Surgeoncy, a report about the work and conduct of the House Surgeons shall be obtained by the Deans and Principals of Medical Colleges from the Physician or Surgeons, etc., at the end of each phase of training. If his/her work and conduct are unsatisfactory during the period, report shall be submitted at once to the Director of Medical Education, Madras by the Dean/Principal/Superintendent with his specific recommendation for withholding or curtailing the remuneration and the period upto which the punishment is to be given, The Director of Medical Education, Madras shall have full powers to issue final orders in the matter.

(*b*) A proper record of each House Surgeon shall be maintained in the Institution where they undergo training. For reference, a permanent register of all D.M.&S. House Surgeons shall be maintained in each institution by the Dean/Principal/Superintendent as the case may be containing the reports of the Dean and the concerned Physician/Surgeon.

2. *Qualification for appointment.*—Candidates for appointment as House Surgeons shall have passed the final D.M.& S. Examination.

3. *General Principles for selection of D. M. & S. House Surgeons.*—The candidates shall be appointed by the Director of Medical Education, Madras as House Surgeons on the recommendation of the Dean, Kilpauk Medical College. Madras soon after the publication of the final D.M.& S. results.

4. *Appointments and postings.*—The appointments and postings shall be made ordinarily by the Director of Medical Education, Madras for a period of one year in those institutions which are recognized by the University for House Surgeoncy training. The Dean, Kilpauk Medical

College, Madras shall furnish particulars regarding the number of such appointments to be made by the Director of Medical Education, Madras. The Director of Medical Education, Madras, on receipt of this information, shall sanction.

(1) The creation of the required number of posts in each institution.

(2) The remuneration admissible to them.

The Director of Medical Education has been empowered to sanction the creation of posts of House Surgeons up to a maximum 1,077 in a year as and when required in order to provide Compulsory House Surgeoncy training to the final year M.B.B.S. and D.M. & S. students who pass out from the colleges and to sanction payment of remuneration referred to in rule 7.

This sanction is subject to specifiec orders of Government being obtained at the appropriate time for the continuance of the posts year after year. The Director of Medical Education shall submit proposals to Government for further continuance of the posts at the appropriate time every year. Sanction of Government shall be obtained by the Director of Medical Education well advance for creation of additional posts over and above 1,077 posts if necessary for it arises. in the particular year.

(*vide* G.O. Ms. No. 29620, Public Health, dated 16th December 1972).

5. *Tenure of appointments.*— Each House Surgeon shall compulsory hold office for a period of one year in rotation a period of three months in each months branch of Medicine, Surgery. Midwifery and special departments, including E.N.T. Ophthalmology, Dental, Family Planning Blood Bank, Skin and Casulty, etc., No case shall be entrusted to the House Surgeon for independent treatment during the period of House Surgeoncy.

6. *Private Practice.*— D.M. & S. House Surgeons working in Government institutions shall not engage themselves in private practice during the tenure of their appointment of this one year course of training.

7. *Remuneration.*— (i) Every candidate shall be paid an over all remuneration of Rs. 250 per mensem, each without any dearness allowance but with free quarters or House Rent Allowance in lieu thereof at the rates admissible, i.e., House Rent Allowance of Rs. 15 in the City of Madras and Rs. 7 in Mofussal if no quarters are provided.

(ii) Every candidate shall be aid mess compensatory allowance of Rs. 25 per mensem in addition to their usual stipend till such time as proper facilities of accommodation and stay are provided in the Teaching Hospitals.

(*vide* G.O. Ms. No. 1251, Health, dated 31st May 1972)

(G.O. M s.No. 653, Health, dated 20th March 1974).

8. *Provision of quarters.*— Each candidate shall be entitled to rent free accommodation only if quarters are available, where it is not possible to provide rent free accommodation, each candidate shall be granted house rent allowance as per the rates prescribed by the Government from time to time. Each candidate shall be entitled to free supply of electric current up to a limit as prescribed by the Government at Government cost.

9. *Caution money.*— A sum of Rs. 25 shall be levied from each candidate as security against loss or damage to Houspital equipment which he or she may handle while fulfilling the appointment The caution money shall be paid into the Treasury under revenue deposit account under article 262 of the Tamil Nadu Financial Code, Volume I, The caution deposit shall be refunded to the candidate at the time or termination of the House Surgeoncy and damage or loss of hospital property being made good from the deposit.

10. *Grant of leave.*— Each candidate shall be granted leave of absence by the Dean or by Principal in the College or by Superintendent of Hospital for a period one month in all, during their once year of service for reasons of health or urgent private affairs. During this period of leave they shall be permitted to draw the remuneration admission to them No causual leave or other leave shall be granted in addition to ons month leave referred to above.

11. *Duties.*— D. M. & S. House Surgeons shall perform such duties as may be assigned to them from time to time and undergo such training and produce records of work required from time to time by the heads of institutions under whom they are posted and shll be under their disciplinary control for all purposes.

12. *Termination of appointment.*— The Director of Medical Education shall terminate the appointment of a Compulsory House Surgeon or sufficient reasons. An appeal against the orders of the Director of Medical Education shall lie with the Government.

13. *Payment of mess dues.*— Each candidate shall be required to pay the mess bills, establishment charges, etc., due by them regularly every month failing which they shall be expelled from the quarters without further notice. The Dean and Principle of the college or Superintendent of Hospital are empowered to ezpel such candidates for sufficient reasons

14. *Powers to amend or alter the rules.* The Government reserve the right to amehd or to add to these rules as they deem fit.

(G.O. Ms, No. 2109, Health, dated 6th December 1966),

APPENDIX V.

RULES TO REGULATE THE METHOD OF RECRUITMENT, THE CONDITIONS OF SERVICES, PAY AND ALLOWANCES OF NUNS IN GOVERNMENT MEDICAL INSTITUTIONS IN THE STATE OF TAMIL NADU.

1. **Extent of application.**—These rules shall apply to nuns employed in Government Medical Institutions.

2. **Cadre.**—The cadre of nuns shall include such of the posts as are sanctioned by Government from time to time.

3. **Recruitment.**—The Superintendent of the hospital concerned shall appoint such nuns as may be deputed for the purpose by the concerned convent authorities.

If a vacancy arises and if the Mission authorities are unable to depute a nun to fill up the vacancy, the Superintendent of the hospital concerned may temporarily fill up the vacancy by appointing a suitable candidate.

4. **Transfer.**—Nuns are not liable to transfer to any other hospital.

5. **Pay and allowances.**—The rate of pay and allowances for nuns shall be as follows:—

Pay.—The pay of the nun in the Government Headquarters Hospital, Tiruchirappalli, shall be Rs. 115 per mensem.

Allowances.—Ration allowance shall be paid at Rs. 30 per mensem each.

Other concessions.—(1) Rent-free quarters.

(2) Rent-free electric installation and free supply of electric energy according to the scale sanctioned for nurses employed in Government hospitals.

(3) Rent-free sanitary and water-supply arrangements.

(4) Supply of furniture and crockery on the scale sanctioned for the use of the nursing staff attached to Government Hospitals.

(5) One servant for four nuns.

(6) Cleaning charges at 50 paise a month for each nun.

(7) Bed linen not exceeding the monetary limit fixed by Government from time to time.

(8) Table linen not exceeding Rs. 20.56 for the combined use of three nuns.

NOTE.—In addition to the allowances and concessions mentioned above nuns employed in Government hospitals will be eligible to draw dearness allowance at the rate sanctioned for nurses from time to time. Those who cannot be provided with residential accommodation in any of the convents near the hospital are eligible for house allowance of Rs. 15 per mensem each and a conveyance allowance of Rs. 15 per mensem each.

6. **Leave.**—Nuns shall be eligible for the leave admissble to permanent Government servants under the provisions of Fundamental Rules or the Tamil Nadu Rules, according as they entered service, before or after the date of introduction of the Tamil Nadu Leave Rules, 1933.

7. **Pension and Provident Fund.**—Nuns shall not be eligible for any pension or provident fund privileges.

8. **Duties.**—Nuns shall supervise the kitchen, diet and linen departmen in the hospitals in which they are employed and shall perform such other duties as may be as ne to them by the Superintendent of the hospital.

9. **Discipline.**—Nuns employed in Government hospitals, shall be under the disicipinary control of the Superintendent of the hospital concerned. If the Superintendent considers that disiciplinary action necessary, he shall, as far as possible, consult the Mission authorities concerred before taking any action. In cases of emergency he mav suspend the nun but a report snouia be sent immediatelv to the Missio authorities concerned.

An appeal shall be to the Director of Health Services and Family Planning/Director of Medical Education against the orders of the Superintendent under this rule. The decisions of the Director of Health Services and Family Planning/Director of Medical Education shall be final.

10. **Retirement.**—Any nun on completion of 55 years of age shall be withdrawn by the Mission authorities concerned. The Mission authorities concerned may, after giving notice to the Superintendent of the hospital concerned, withdraw any nun at any time, without assigning any reasons.

NOTE.—In special circumstances the Government may, on the recommendation of the Director of Health Service and Family Planning/Director of Medical Education permit the employment of an over-aged nun temporarily (subject to the condition that she is physically fit to discharge her duties) until a nun who is not over 55 years of age is deputed by the Mission authorities concerned.

11. Nothing contained in the Civil Services (Classification, Control and Appeal) Rules or the rules made thereunder shall apply to the nuns who are appointed under these rules.

12. These rules are liable to be modified at the discrection of the Government.

(G.O. No. 323, Public Health, dated 6th February 1937).

(G.O. No. 2137, Public Health, dated 18th August 1945.)

(G.O. No. 24 4, Public Health, dated 12th July 1947 and

(G.O. No. 543, Public Health, dated 19th February 1949.)

APPENDIX VI.

RULES FOR THE CONTROL OF THE SPREAD OF INFECTION OF DANGEROUS, INFECTIOUS AND CONTAGIOUS DISEASES BY VESSELS ARRIVING ATBEING IN OR DEPARTING FROM THE MAJOR PORTS AND THE DISPOSAL OF DEAD BODIES ON SUCH VESSELS.

The Indian Port Health Rules, 1955.

PART I—INTRODUCTORY.

1. These rules may be called the Indian Port Health Rules, 1955.

2. In these rules unless there is anying repugnant in the subject or context;

(1) "arrival" means arrival at a port ;

(2) "baggage" means the personal effects of a traveller or of a member of the crew;

(4) "day" means an interval of twenty-four hours ;

(5) "Health Officer" means any person appointed ;

(*a*) in he case of major ports, by the Central Government, and

(*b*) in the case of other ports by the State Government co cerned to whom the functions of the Central Government under sub-section (1) of section 17 of the Indian Port Act, 1908 (XV of 1908) to appoint a Health Officer have been entrusted either by names or by virtue of his office, to the Health Officer of a port, and inclusdes and Additional, Depity, or Assistant Health Officer and any Officer appointed by te Central Government ot the State Government concerned as the case may be either by name or by virtue of his office, to perform any of the duties of a Health Officer of a port ;

(6) "infected area" in relation to a quarantinable or an infections disease means any area or port outside India, declared by the Central Government by notification in the official Gazette to be infected with such a disease ;

(7) "injected person" means a person who is suffering form a quarantinable or an infection disease, or who believed to be infected with such a disease ;

(8) "infectious diseas" means disease, other than quarantinable disease, declared by the Central Government by notification in the official Gazette to be an infectious diseas ;

(9) "international voyage" meanssp

(*a*) in the case of a ship, a voyage between ports in the territories of more than one State or a voyage between ports in the territoriatly or territories of the same State if the ship has relations with the territories of any other State on its voyage but only as regarded these relations;

(*b*) in the case of a person, a voyage involving entry into the territory of a State other than the territory of the State in which that person commences his voyage ;

(10) "isolation", when applied to a person of griup of persons, means the separation of that person or group of persons from other persons except the health staff on duty in such a manner as to prevent the spread of infection ;

(10-A) "mainland" means the territory of India excluding the Andaman and Nicobar Islands ;

(11) "medical examination" includes visit to and inspection of a ship, and the preliminary examination of persons on board, but does not include the periodical inspection of a ship to ascertain the need for derating ;

(12) "port" means a seaport or an inland navigation port which is normally frequented by ship;

(13) "period of incubation" means—

(a) in respect of a quarantinable disease mentioned below, the period specified against it :—

Plague	6 days
Cholera	5 days
Yellow fever	6 days
Small-pox	14 days
Typhus	14 days
Relapsing fever	8 days

and (b) in respect of an infectious disease such period as may be declared by the Central Government by notification in the official Gazette to be the period of incubation of that disease ;

(14) "quarantinable diseases" means plague, cholera, yellow fever, small-pox, typhus and relapsing fever ;

(15) "relapsing fever" means louse-borne relapsing fever;

(16) "ship" means a seagoing or an inland navigation vessel making an international voyage; and also includes a vessel plying between any port on the mainland and any port on the Andaman and Nicobar Islands;

(17) "ship's surgeon" means a properly qualified and registered medical practitioner with experience of maritime health conditions employed for medical service on a ship or, if there are two or more such medical practitioners so employed, the senior of them;

(18) "suspect" means a person who is considered by the Health Officer as having been exposed to infection by a quarantinable or an infectious disease and is considered capable of spreading that disease;

(19) "typhus" means louse-borne typhus;

(20) "valid certificate", when applied to vaccination, means a certificate which—

(i) conforms to the requirements and the model laid down in appendices 2, 3 and 4 to these rules ;

(ii) is issued only to individuals and in such form that it cannot, in any circumstances, be used collectively ;

(iii) is issued in the case of children separately and is not incorporated in the mother's certificate;

(iv) is completed in English or in French;

(v) is signed in the case of an international certificate by the parent or guardian of a child who unable to sign or which bears, in the case of an illiterate person, the mark of such illiterate person duly attested by another person to whom such illiterate person is personally know ;

(vi) is signed, in the case of an international certificate issued in India, in his own hand by a qualified medical practitioner whose name is enrolled in the Indian Medical Register maintained under section 21 of the Indian Medical Council Act, 1956 (102 of 1956).

In the case of certificates of vaccination against cholera and small-pox issued in India, the approved stamp to be affixed thereon shall be such as has been approved by the Central Government and the stamp shall be affixed on the certificates by only those persons who are authorised either by designation or by name for this purpose by the Central Government. In the case of certificates of vaccination against yellow fever issued in India, the vaccinating centres shall be approved by the Central Government.

(21) "Cattle" means a horse, camel, sheep, cow, bull, buffalo-bull, buffalo-cow and all other ruminating animals and also swine.

(22) "vessel" include anything made for the conveyance mainly by water of human beings or of property.

PART II—SHIPS ARRIVING.

General Provisions.

3. The master of every ship arriving at any port shall show, until the ship has received PRATIQUE under these rules, whichever of the following signals is appropriate :—

(*a*) by day, during the whole of the time between sunrise and sunset, when the ship is within three miles of the coast—

(i) the Flag Signal Q.—Meaning—"My ship is healthy and I request free **Pratique**",

(ii) the Two Flag Signal QQ Meaning.—"My ship is suspected" (*vide* rules 20, 24, 29, 41 and 45), or

(iii) the Two Flag Signal QL.—Meaning—"My ship is infected" (*vide* rules 20, 24, 29, 35, 41 and 45), the signal being shown also when a person suffering from typhus or relapsing fever is on board;

(*b*) by night, during the whole of the time between sunset and sunrise but only when the ship is within three miles of the coast, a signal which shall be shown at the peak or other conspicuous place where it can best be seen, comprising a red light over a white light, the lights being not more than six feet apart, and meaning—"I have not free **Pratique**".

Provided that the authorities at a port may, with the previous approval of the Central Government notify alternative signals, not conflicting with the International Code, for use by ships visiting the port frequently.

4. (l) The master of any ship fitted with a suitable wireless transmitting apparatus shall, when not more than twelve hours and not less than four hours out from any port to which he is proceeding, send to the Health Officer of the port, either directly or through an agent approved by the Health Officer, a wireless message, embodying all such of the items of information set out in the Standard Quarantine Messages of the International Code of Signals as are applicable; and cases of sickness or death occurring subsequent to transmission of such message shall be communicated by wireless in like manner before the arrival of the ship in the port :

Provided that the Port Trust or like authority administering a port may, with the previous approval of the Central Government notify alternative signals not conflicting with the International Code, for use by ships visiting the port frequently.

NOTE.—The telegraphic address of the Health Officer of a port is "Quarantine" and the items of the Standard Quarantine Messages of the International Code of Signals are reproduced below:—

STANDARD QUARANTINE MESSAGES.

Item I.

MEBAV.—The following is an international Quarantine Message from ship indicated, of port indicated, which expects to arrive at time indicated on date indicated.

(Here follow groups to complete above).

Item II.

MECED.—My port of departure (first port of loading) and my last port of call were as indicated by the immediately following groups.

Item III.

MEDIH.—No case of quarantinable or infectious disease, or of sickness suspected to be of an infectious nature, has occurred on board during the last fifteen days.

CEFCF.—Number indicated cases of quarantinable or infectious disease (s) indicated have occurred during the last fifteen days.

Item IV.

MEGYX.—I have no other case of sickness on board.

MEHUD.—I have number indicated other cases of sickness on board.

Item V.

MEJAC.—No deaths from sickness, infectious or otherwise, have occurred on board during the voyage.

MEKEK.—Number indicated deaths from sickness, or infections or othrerwise, have occurred on board during the voyage.]

Item VI.

MELOC.—I have a ship's surgeon on board.

MEMYT.—I have no ship's surgeon on board.

Item VII.

MENIJ.—I do not wish to disembark any sick.

MEPUP.—I wish to disembark number indicated sick, suffering from disease (s) indicated.

Item VIII.

MEQOV.—My crew consists of number indicated and I have no passengers on board.

MERAT.— My crew consists of number indicated and I have number indicated passengers.

Item IX.

MESC.—I do not propose to disembark any passengers of class indicated.

METIK.—I propose to disembark number indicated passengers of class indicated.

(2) The Health Officer may, if authorised by general or special orders of the Central Government, grant PRATIQUE by radio to a ship when on the basis of information received from it prior to its arrival, he is of the opinion that its arrival will not result in the introduction or spread of a quarantinable or an infectious disease.

5. (1) The master of a ship, before arrival at a port shall ascertain the state of health in board and oe shall, on arrival complete and deliver a Maritime Declareation of Health, which shall be coutersigned by the ships surgeon if one is carried , to the pilot, boarding officer, or other officer duly authorised in this behalf by the harbou-master or the Conservatoe orhis Deputy and the pilot boarding officer or other officer duly authorised in this behalf shall promptly communicate the Declaration to the Health Officer.

Provided that, except in the case of ships governed by the special provisions relating to yellow fever and in the case of ships having on board persons suffering from typhus or relapsing fever, it shall be permissible for the pilot, boarding officer or other officer duly authorised as above in this behalf, if acting on general or special instructions of the Health Officer, to allow PRATIQUE to "Healthy " ships.

(2) The master and the ship's surgeon, if one carried shall any further information required by the Health Officer as to Health conditions on Board during the voyage.

(3) A Maritime Declaration of Health shall conform with the model specified in Appedix 5.

6. If after a ship has arrived within port limits a case or suspected of any quarantinable or Infectious diseases on board the master shall jhosit the signal prescribed in the rule 3 for an "infected" ship, shall stop all comunication with the shore and shall immedately report the circumstances to the Health Officer.

7. Every medical practitioner who fecame cognizant that any person on board!any vessel in the port is asuffering from a quarantinable or an infectious diseaseshalli jmediately give notice hereof by telephone and in writing to the Health Officer.

8. (1) All infected or suspeced ships or ships having on board persons suffering from typhus or relapsing fever shall stop at such place at the port as the appropriate port authority shall in consultation with the Health Officer provide in this behalf and shall not enter any dock or come along side any wharf or have communication with the shore or with any other vessels in the port until authorised to do so by the Health Officer.

(2) Notwithstsnding anything contained in sub-rule (1) the Health Officer may for navigational reasons permit such infected or suspected ship or ships to come along-side a specially controlled wharff where strict vigilance is possible to be maintained and enforced to prevemt any communication with the shore or with any other vessels in the port until deckared safe by him.

9. So long as showing that the ship is "infected". or "suspected" is displayed by a ship, no indal other or person in charge of or navigationing, any boat other than aboat conveying a pilot, a harbour-master, a mooring crew when navigational reasons necessiate a Conservator or his Deputy or an official acting in execution of these Rules shall attempt to take such along isde the shop except with the permission of the Health Officer and no person other than a pilot, a harbour master in moorring crew when navigational reaons necessitate a Conservator or his Deputy or an official acting in the execution of these rules shall board or leave any "infected" or "suspected" ship without the written permission of the Health Officer.

10. (1) Healthly ships, which while in port do not desire to have comunication with theyb shop shall on arrival hoist the code over Q flag by da, and the International Code Signal night, meaning "I have not free *prarique*" as provided for in rule 3).

(2) A ship shall be regarded as not having communication with the shore if it is making a call of less than twenty-four hours and if while is in port it has no communication either with the shore or with any other vessels in the port, of such a nature as would in the opinion of the Health Officer, render possible the conveyance of a quarantinable or an infections disease from the ship to the shore on to any other vessels in the port or *vice versa.*

(3) A ship not having communication with the shore shall be subject to such restrictions as the Health Officer acting under these rules may impose.

11. In the case of all infected and suspected ships and ships having on board persons suffering from typhus or relapsing fever the Health Officer shall in the and case of all other ships the Health Officer may, proceed on board and medically examine the ship and the master of the ships shall give him every facility for the examination of the passengers crew baggages, cargo, provision waree suplu and any part of the ship which the Health Officer may consider it necessary to examine. This examination shalW not be under taken between sunset and sunrise except in such unusual circumstances as in the iopinion of the Health Officer, Justify doing so, After every medical examiflation the Health Officer shall classify the ship as infected, suspected ors healthly in accordince with specoal provisions relating to quarantinable and infectious disease in this part of the rules.

12. (1) Further sanitary measures which may be ap ied to the ship shall be determined by the conditions which existed on board during the voyage or which exist at the mediical examination, without prejudicer however to the measures which are permitted by these rules to be applied to the ship if it arrive from an infectiohed are. The application of the measures in the case of a ship arriving from an infected area shall be limited to the ship pérson or artiole as the case may be arrived from such an area provided that the Health Officer for the pory of arrival satisfied that the health author'ty for the port of dsparture n the nfected are took all pract cable measures for check ng the spread of the d seases.

(2) Where special problems consfituting a grave danger to public health ex'st, a pe·son on an international voyage may, on arrival, be required to give destination address in writing

13. (1) Any sanitary measures other than medical examination, which has been applied to a ship at a previous port shall not be repeated unless.

(*a*) after departure of the ship from the port where the measure were applied an incident of epidemiological significance calling for a further application of any such measure has occurred either in that port or on board the ship; or

(*b*) the Health Officer has reasons to belive that the individual measures so applied was act substantially effective.

(2) In applying these sanitary measure the Health Officer shall attach due importance tn the presence on board of a surgeon and to the provision on board of suitable apparatus or disinfecting disinsecting and derating and shall in general, apply the principles laid down in these rules with due to their necessaity and practicability in the particular circumstance of each case.

14. (1) All persons suffering or suspected to be suffering from a quarantinable diseases may be disembarked from a ship and isolated such disembaktion shall be compulsory if it is required by he master of the sh p.

(2) Where any person is required under these rules to be disembarked and isolated fo any period the Health Officer may remove or cause to be removed their person to a hospital or any other place approved by the Health Officer and detain him therein for that period. If such a hospital or place is within Municipal or Corporation limits the Health Officer shall communicate relevant particulars of the person-concerned to the Municipal or Corporation health authorities.

(3) When a suspected case of any quarantinable disease is disembarked from a ship at any port, the Health Officer of this port shall report by telegraph the confirmation or otherwise, of the diagnosis to the Health Officer of the ships next port of call if that port is in India, Burma Ceylon, Pakistan Aden or the Straits Settlements.

15. Apart from the special provisional relating to quarantinable or infectious diseases in Part II of these Rules the Health Officer may place under surveillance any suspect on an international voyage arriving from an infected area. Such survellance may be continued until the end of the appropriate period of incubation specified in sub-rule (13) of rule 2.

16. (1) A person under suveillance shall not be isolated and shall be permitted to move about freely. The Health Officer may require such a person to report to him, if necessary, at specified intervals during the period of surveillance. The Health Officer may also subject such a person to medical investigation and make any enquiries which are necessary for as certaining his state of health.

(2) When a person under surveillance departs for another place in India be shall inform the Health Officer who shall immediately inform the medical officer of health of the place to which the person in proceeding. On arrival the person shall report to that Medical Officer of health who may apply the measures provided for in sub-rule (1).

17. Whenever surveillance is tequired or permitted by these rules, isolated shall not be substituted for surveillance unless the Health Officer of the port where the suspect arrives or any other health authority to whom he are required to report during the period of suveillance consisers the risk of transmission of the infection by the suspect to be exceptionally serious.

18. The port or ports equipped for applicable sanitary measures precribed in these rules to ships infected with yellow fever or suspected of yellow fever infection shall be specified by the Central Government by notification in the Official Gazette. Any such ship calling at a port other than a specified poit shall be required to proceed at its own risk to the nearest specified port convenient to the ship.

19. (1) Any ship which is unwilling to submit to the measures required by the Health Officer of the port in accordance with these rules shall be allowed to depart forthwith without being permitted to enter into any form communication with the shore or with any other vessels in the port which would render possible the conveyance of any quarantinable or infectious disease to the shore or to such other vessel or *vide versa*.

Provided that, in the ease of a ship infected with yellow fever calling at a port specified, under rule 18, if *aedes aegypti* have been found on board and the medical examination shows that any infected person has not been isolted in good time, the ship shall not be allowed to depart and shall be subject to the measures, repuired by the Health Officer in occordance with these rules.

(2) In lhe case of a ship refused permission under sub-rule (1) to communicate with the ehore or with any other ship in the port, the ship shall not during its voyage call at any other port in India. Such a ship shall nevertheless be permised to take on fuel, water and stores in puarantine and any passengers, who desire to disembark with or without their baggage or to tranship from the ship. may be permitted to do so on the condition that they undertake to submit to the appropriate measures required by the Health Officer under these rules.

(3) In the event of any ship putting back to sea as a result of permission to commucate with the shore or with anyother ship in the port having been refused under sub:rule (1). the Health Officer shall intimate by telegraph ot the next port of call in India for the purpose of taking on fuel, water or stores in qnarantine, of he can ascertain it. this fact with thc attendant circumstances.

SPECIAL PROVISIONF RELATING TO SHIPS ARRIVING IN AN AREA WHERE MALHRIA OR OTHER MOSQUITOBORNE DISEASE COULD DEVELOP FROM IMPORTED VECTORS,

19-A. (1) Any ship arriving in an area were malaria or other mosquito-borne disease could develop from imported vectors may be disinfected on such arrival, if the ship was not disinfected at a previous port or where the ship was disinfected at a previous port, the Health Officer is not satisfied with such disinfection or if there a fire mosquitoes on board.

(2) The provisions of this rule shall be in addition to, and not in derogation of, the provisions of the other rules.

SPECIAL PROVISIONS RELATING TO QUARANTINALLE DISEASES.

A. PLAGUE.

20. (1) A ship shall be regarded as infected with plague—

(*a*) if it has a case of human plague on board ; or

(b) if a case of human plague has occured on board more than six days after embarkation ; or

(*c*) if a plague infected rodent is found on board.

A ship shall continue to be regarded as infected until the measures presctribed in rule 21 have been effectively carried out at a suitably equipped port.

(2) A ship shall be regarded as suspected of plague infection—

(*a*) if it has no case of human plague on board, but such a case has occurred within the first six days after embarkation; or

(b) if there is evidence of an abnormal mortality among rodents on board of which the cause is not yet known.

The ship shall continue to be regarded as suspected until the Health Officer is satisfied that the abnormal mortality among rodents is not due to plague and until the measures prescribed in rule 22 have, if necessary, been effectively carried out at a suitably equipped port.

(3) A healthy ship is any ship other than a ship infected or suspected of insfection with plague. Even when coming from a plague infected area or having on board a person coming from a plague infected area a ship shall be regarded as healthy, if on, medical examination, the Health Officer is satisfied that the conditions specified in sub-rules (1) and (2) of this rule do not exist.

21. In the case of a ship infected with plague—(A) before *Pratique* (which shall be in writing) is given—

(1) the ship and all persons on board shall be medically examined by the Health Officer ;

(2) all infected persons on board shall be disembarked and isolated for such period as the Health Officer may consider necessary ;

(3) suspects on board may be disinsected and, if necessary, laced under surveillance for a period of not more than six days reckoned from the date of arrival :

Provided that during this period the Health Officer may, in his discretion, prohibit members of the crew from leaving the ship ;

(4) the Health Officer may disinfect and, if necessary, disinsect—

(*i*) any baggage of any infected person or suspect ; and

(*ii*) any other article such as used bedding or linen, and any part of the ship, which is considered to be far contaminated.

(5) if there is rodent plague on board the ship it shall be deratted, if necessary in quatrantine, in the manner prescribed in Rule 53 of these Rules subject to the following provisions :—

(*a*) the derrating shall be carried out as soon as the holds have been emptied ;

(b) one or more preliminary derrattings of the ship with the cargo *in situ* or during its unloading, may be carried out to prevent the escape of infected rodents.

(*c*) if the complete destruction of rodents cannot be secured because only part of the cargo is due to be unloaded, the ship shall not be prevented from unloading that part, but the Health Officer may apply any measures, including placing the ship in quarantine, which he considers necessary to prevent the escape of infected rodents.

(B) Unloading shall be carried out under the control of the Health Officer, who shall take all measures which, in his opinion, are necessary to prevent the infection of the staff engaged on this work. The staff may be subjected to isolation or to surveillance for a period not exceeding six days from the time when they have ceased to work at the unloading of the ship.

22. In the case of a ship suspected of plague infection, the measures specified in sub-clauses (1), (3), (4) and(5) of clause (A) of rule 21 may be taken at the discretion of the Health Officer before *Pratique* (which shall be in writing) is given in clause (B) of rule 21 shall also be applicable to such a ship.

23. A healthy ship shall be given free *Pratique* but, if it has come from a plague infected area, the Health Officer may—

(*a*) place under surveillance any suspect who disembarks, for a period of not more than six days, reckoned from the date on which the ship left the infected area ;

(b) require the destruction of rodents on board the ship in exceptional cases and for well-founded reasons which shall be communicated in writing to the master.

B. CHOLERA.

24. (1) A ship shall be regarded as infected with cholera if it has a case of cholera on board, or if a case of cholera has occurred on board during a period of five days before arrival.

(2) A ship shall be regarded as suspected of choelra infection if a case of cholera has occurred during the voyage but a fresh case has not occurred during a period of five days before arrival.

(3) A healthy ship is any ship other than a ship infected or suspected of infection with cholera. Even when coming from a cholera infected area or having on board a person from a cholera infected area, a ship shall be regarded as healthy if, on medical examination, the Health Officer is satisfied that no case of cholera has occurred on board during the voyage.

25. In the case of a ship infected with cholera—(A) before *Pratique* (which shall be in writing) is given—

(1) the ship and all persons on board shall be medically examined by the Health Officer ;

(2) all infected persons shall be disembarked and isolated for such period as the Health Officer may consider necessary ;

(3) any passenger or member of the crew who produces a valid certificate of vaccination against cholera may be placed under surveillance for a period of not more than five days reckoned from the date of disembarkation, and all others, who disembark, may be isolated for a like period ;

Provided that during this period the Health Officer may, in his discretion, prohibit members of the crew from leaving the ship ;

(4) the Health Officer may disinfect—

(*i*) any baggage of any infected person or suspect ; and

(*ii*) any other article such as used bedding or linen, and any part of the ship, which is considered to be contaminated.

(5) if, in the opinion of the Health Officer, any water carried on board is contaminated he shall cause it to be emptied out after it has been disinfected, and to be replaced after disinfection of the containers, by a supply of wholesome drinking water ;

(6) human dejecta, waste water including bilge-water, waste matter and any matter which, in the opinion of the Health Officer, is contaminated shall not be discharged from the ship or unloaded without previous disinfection and shall, after disinfection, be disposed of in such safe manner as the Health Officer may, in his discretion, prescribe ;

(7) (i) the Health Officer may prohibit the unloading of, or may remove any fish, shelfish fruit or vegetables to be consumed uncooked or beverages, unless such food and beverages are in sealed containers and he has no reason to believe that they are contaminated :

Provided that, if any such food or beverage forms part of the cargo in a hold of a ship, only the Health Officer for the port at which such food or beverage is to be unloaded may exercise the power to remove it ;

(*ii*) if any such food or beverage is removed, arrangements shall be made by the Health Officer for its safe disposal.

(B) Any unloading shall be carried out under the control of the Health Officer, who shall take all measures which, in his opinion, are necessary to prevent the infection of the staff engaged on this work. The staff so engaged may at the discretion of the Health Officer be subjected to isolation or to surveillance for a period not exceeding five days from the time when they have ceased to work at the unloading of the ship.

26. In the case of a ship suspected of cholera infection, the measures specified in sub-clauses (1), (4), (5), (6) and (7) of clause (A) of rule 25 may be taken at the discretion of the Health Officer before *Pratique* (which shall be in writing) is given. Clause (B) of rule 25 shall be applicable to such a ship ;

In addition, any passenger or member of the crew who disembarks may be placed under surveillance for a period of not more than five days reckoned from the date of arrival. The Health Officer may, in his discretion, prohibit the members of the crew from leaving the ship during this period.

27. A healthy ship shall be given free *Pratique* but, if it has come from a cholera infected area, the measures specified in sub-clauses (1) and (7) of clause (A) of Rule 25 may be taken at the discretion of Health Officer.

In addition, the Health Officer may apply the following measures to a person who, within five days of arrival in India, was in a cholera infected area, to a person who arrives in a portion Andaman and Noicobar Islands from a port on the mainland :—

(*a*) if he is in possession of a valid certificate of vaccination against cholera he may be placed under surveillance for a period of not more than five days reckoned from the date of his departure from the infected area or from a port on the mainland ;

(*b*) if he is not in possession of such a certificate, he may be placed in isolation for a like period.

C. YELLOW FEVER.

28. (1) No ship shall bring to India any person who has been in a yellow fever infected area within nine days of embarkation unless such a person is vaccinated against yellow fever. In addition, no ship which has started from, or touched at, any port in a yellow fever infected area within thirty days of its arrival in India shall bring to India any person, even though he may not have been in a yellow fever infected area, unless such a person is vaccinated against yellow fever.

(2) The proof of vaccination against yellow fever shall consist in the possession of a certificate in the form laid down in Appendix 2 to these Rules.

(3) If any ship brings to India any person not vaccinated against yellow fever in contravention of sub-rule (1), then without prejudice to any other proceedings that may be taken against the master of the ship, the Health Officer, may, in his discretion, apply the measures prescribed in clause V of rule 31.

29. (1) A ship shall be regarded as infected with yellow fever if it has a case of yellow fever on board, or if a case has occurred on board during the voyage.

(2) A ship shall be regarded as suspected of yellow fever infection if it has left a yeallow fever infected area less than six days before arrival, or, if arriving after six days but within thirty days of leaving such an area, the Health Officer finds AEDES AEGYPTI on board.

(3) A healthy ship is any ship other than a ship infected or suspected of infection with yellow fever.

30. Apart from the provisions of Rule 8, every ship infected with yellow fever or suspected of yellow fevetinfection and every other ship coming from yellow fever infected area shall be moored at such a distance, not being less than half a mile, from the shore and from all other vessels as will render importable the access of mosquitoes from the ship to the shore or to any other vessel or *vice versa*. The ship shall continue to be moored at such a distance until the Health Officer has granted *Pratique*.

31. In the case of a ship infected with yellow fever the following measures shall be taken before *Pratique* (which shall be in writing) is given—

(*i*) the ship shall be disinsected at the earliest opportunity to ensure destruction of AEDES AEGYPTI in all phases of growth and as far as possible before unloading cargo, if unloading is carried out before the destruction of AEDES AEGYPTI the personnel employed on this work may, at the discretion of the Health Officer, be subjected to isolation for a period not exceeding nine days from the time when they ceased to be exposed to the risk of infection ;

(*ii*) the ship and all persons on board shall be medically examined by the Health Officer ;

(*iii*) all infected persons shall be disembarked and isolated for such period as the Health Officer may consider necessary ;

(*iv*) any person in possession of certificate of vaccination against yellow fever which is not yet valid shall be isolated—

(*a*) if he does not disembark, on the ship in such manner as may be prescribed by the Health Officer, and

(*b*) if he disembarks, in such place as may be approved by the Health Officer for this purpose until the certificate of vaccination becomes valid or until the expiry of nine days reckoned from the time of arrival, whichever is earlier ;

(*v*) any person who is not in possession of a certificate of vaccination against yellow fever shall be isolated—

(*a*) if he is not permitted to disembark or being through passenger does not disembark, on the ship in such manner as may be prescribed by the Health Officer ;

(*b*) if he is permitted to disembark, in such place as may be approved by the Health Officer for this purpose ;

for a period not exceeding nine days from the time of arrival.

32. In the case of a ship suspected of yellow fever infection, the following measures shall be taken before *Pratique* (which shall be in writing) is given —

(*i*) the ship may be disinsected as provided in clause (i) of rule 31 ;

(*ii*) the ship and all persons on board shall be medically examined by the Health Officer ; and

(*iii*) the measures prescribed in clauses (iv) and (v) of rule 31 may be applied at the discretion of the Health Officer.

33. In the case of healthy ships coming from a yellow fever infected area the following measures may be taken before *Pratique* is given—

(*i*) the ship and all persons on board may be medically examined by the Health Officer ;

(*ii*) the ship may be disinsected as provided in clause (i) of rule 31.

34. All isolations prescribed by Rules 31 and 32 shall be carried out in such manner as to preclude the access of mosquitoes to the persons under isolation.

D. Smallpox.

35 (1) A ship shall be regarded as infected with smallpox if it has a case of smallpox on board, or if a case of smallpox has occurred on board during the voyage.

(2) Any other ship shall be regarded as healthy even though there may be suspects on board, but any suspect on disembarking may be subjected to the measures provided for in clause (iii) or rule 36.

36 (1) In the case of a ship infected with smallpox before *Pratique* (which shall be in writing) is given—

(i) the ship and all persons on board shall be medically examined by the Health Officer ;

(ii) all infected persons shall be disembarked and isolated for such period as the Health Officer may consider necessary ;

(iii) other persons who disembark and who in the opinion of the Health Officer are not sufficiently protected by vaccination or by a previous attack of smallpox—

(*a*) if they are willing to be vaccinated, or in the case of minors if their guardians or those incharge of them consent to their vaccination, may be subjected to vaccination free of charge, and also to isolation or surveillance for a period not exceeding fourteen days reckoned from the time of the last exposure to infection, and

(*b*) if they are not willing to be vaccinated, or in the case of minors if their guardians or those incharge of them do not consent to their vaccination, shall be subjected to isolation or surveillance for the aforesaid period :

(iv) the Health Officer shall disinfect—

(*a*) any baggage of any infected person ; and

(*b*) any other baggage or article such as used bedding or linen and any part of the ship which is considered to be contaminated.

(2) A ship shall continue to be regarded as infected until every infected person has been removed and until the measures required by the Health Officer in accordance with sub-rule (1) of this rule have been effectively carried out.

37. A healthy ship shall be given free PRATIQUE but, if it has come from a smallpox infected area, the measures specified in clauses (i) and (ii) of sub-rule (1) of rule 36 may be taken bv the Health Officer.

38. (1) The Health Officer may require any person on an international voyage who does not show sufficient evidence of protection by a previous attack of smallpox to possess, on arrival, a certificate of vaccination against smallpox. Any such person who cannot produce such a certificate may be vaccinated ; if he refuses to be vaccinated, he may be placed under surveillance for not more than fourten days, recokned from the date of his departure from the last territory visited before arrival.

(2) A person on an international voyage, who during a period of fourteen days before his arrival has visited a smallpox infected area or a person arriving from a port on the mainland in a port on the Andaman and Nicobar Islands and whom in the opinion of the Health Officer, is not sufficiently protected by vaccination or by a previous attack of smallpox, may be required to be vaccinated or may be placed under surveillance or may be vaccinated and then placed under surveillance ; if he refuses to be vaccinated, he may be isolated. The period of surveillance or isolation shall not be more than fourteen days reckoned from the date of his departure from the infected area or a port on the mainland.

Explanation.—For the purposes of clause (*iii*) of sub-rule (1) of rule 36 and sub-rule (2) of rule 38, a valid certificate of vaccination against smallpox shall be considered as evidence of sufficient protection.

E. Typhus and Relapsing Fever.

39. In the case of a ship having on board a person who is suffering from or is believed to be infected with typhus or relapsing fever, before PRATIQUE (which shall be in writing) is given—

(1) the ship and all persons on board shall be medically examined by the Health Officer ;

(2) all infected persons shall be disembarked and isolated for such period as the Health Officer may consider necessary and disinsected ;

(3) any suspect may be disinsected ; and

(4) the accommodation occupied by the infected person and by any suspect, together with the clothes they are wearing, their baggage and any other article which, in the opinion of the Health Officer, is likely to spread typhus or relapsing fever may be disinsected and, if necessary, disinfected.

40. A person on an international voyage, who has lefy a typhus infected area within the previous fourteen days of a relapsing fever infected area within the previous eight days, may, if the Health Officer considers it necessary be disinsected and out their surveillance for a period of

not more than fourteen days in the case of typhus and not more than eight days in the case of relapsing fever, reckoned from the date of disinsecting. The clothes which such person is wearing, his baggage, and any other article which, in the opinion of the Health Officer, is likely to spread typhus or relapsing fever may be disinsected and, if necessary, disinfected.

Rules 41 to 44—*Omitted.*

Special Provisions Relating to Infectious Diseaes.

45. (1) A ship shall be regarded as infected with an infectious disease—

(i) if it has a case of any such disease on board, or

(ii) if, prior to the arrival of the ship in port, a case of any such disease has occurred on board within its period of incubation.

(2) A ship shall be regarded as suspected of infection with an infectious disease as aforesaid if, prior to the arrival of the ship in port, a case of such disease has occurred on board but not within its incubation period :

Provided that a ship shall not be regarded as so suspected if (a) the case occurred before the arrival of the ship at a previous port of call, (b) the period between such occurrence and arrival was not less than the period of incubation, and (c) the Health Officer is satisfied that the ship was subjected to medical examination at that port and that all necessary measures have been taken.

(3) A healthy ship is any ship other than a ship infected or suspected of infection with an infectious disease.

46. In the case of a ship infected with an infectious disease before PRATIQUE (which shall be in writing) is given—

(1) the ship and persons on board may be medically examined ;

(2) any infected person, who disembarks, may be isolated for such period as the Health Officer may consider necessary :

Provided that whenever any infected person remains on board, the Health Officer may, in his discretion, limit communication between the ship and the shore or between the ship and any other vessel in the port, or VICE VERSA ;

(3) persons who have been exposed to infection may, if they disembark, be placed under surveillance for a period not exceeding the incubation period of the infectious disease to which they have been exposed, such period being reckoned from the time of the last exposure to infection ;

(4) any parts of the ship and any goods or baggage on board, which in the opinion of the Health Officer, are contaminated may be disinfected.

47. In the case of a ship suspected of infection with an infectious disease before PRATIQUE (which shall be in writing) is given—

(1) the measures specified in sub-rule (1) of rule 46 shall be taken ; and

(2) the measures specified in sub-rules (3) and (4) of rule 46 and not already taken may be taken at the discretion of the Health Officer.

48. Healthy ships shall be given free PRATIQUE.

49. Except in case of an emergency constituting a grave danger to public health, a ship shall not on account of an infectious disease be prevented by the Health Officer from discharging or loading cargo or stores, or taking on fuel or water.

Part III—Ships Departing.

50 (1) All persons proposing to embark upon a ship leaving any Indian port for any port outide India or leaving any port in the Andaman and Nicobar Islands for any port on the main land or VICE VERSA shall be medically examined by the Health Officer. Through passengers and members of the crew of a through ship shall be liable to medical examination by the Health Officer at his discretion.

(2) Such med cal exam nat on shall ord nar ly take place n the day t me on shore as shortly as poss ble before embarkat on, at the t me and place fixed by the Health Officer. The t me and place of th s exam nat on shall be arranged to take nto account the customs exam nat on and other formal t es as to facil ties embarkation and to avo d delay.

(3) Any person failing to attend at the t me and place fixed by the Health Officer for such med cal exam nation may, in the discretion of the Health Officer, be prohibited from embarkating or re-embarking, as the case may be.

(4) No person shall be permitted by the Health Officer of a port on the mainland to embark on a ship with a view to proceeding by sea to any place in the Andaman and Nicobar Islands unless such person produces valid certificates of vacancination against cholera and smallpox.

(5) On the completion of the medical examination prescribed in sub-rule(1), the Health Officer shall issue a certificate of medical inspection in the form set out in Appendix 6 to these rules. After the issue of the certificate of medical inspection, no baggage, merehandise or other srticles shall be taken on board and no person shall embark or re-embark except with the permission of the Health Officer :

Provided that the Health Officer may, if acting on the general or special instructions of the Central Government, exempt any particulars person from the operation of this sub-rule :

Provided further that the Health Officer shall, before the ship leaves the port furnish to the medical officer (if any) or mater of the ship a certificate giving all relevant details of persons exempted from the first proviso.

51. The Health Officer shall prohibit the embarkation or re-embarkation on any ship of—

(*a*) any person showing symptoms of any quarantinable disease, and

(*b*) any person whom the Health Officer considers likely to transmit infection because of his close contact with a person showing symptoms of quarantinable disease :

Provided that a person an an international voyage who on arrival is placed under surveillance may be allowed to continue his voyage, but the health authority for the next port of call shall be apprised of this fact.

52. Where there is an epidemic of pulmonary plague in a port, every suspect shall before departure an international voyage be placed in isolation for a period of six days reckoned from the date of the last exposure to infection.

53. (1) The Health Officer shall take all practicable measures to prevent the introduction on board a ship of possible agent of infection or vectors of a quarantinable disease.

(2) When typhus or relapsing fever exists in a port, a person proposing to embark on a ship, whom the Health Officer consirers is lable to sppread typhus or relapsing fever, shall be disnsected by the Health Officer before such petson is permitted to embark. The clothes which such person is wearing his baggage, and any other articles likely to spread typhus or relapsing fever sall be disnsected and, if necessary, disinfected before embarkation.

(3) The Health Officer may, in his discretion cause to be disinfected and/or disinsected any clothing bedding or other articles belonging to any person proposing to embark on a ship. In the absence of such disinfection and/or disinsecting, the Health Officer may prohibit the taking on board of any such clothing bedding or other articles.

(4) If any clothing bedding or other articles which, in the opinion of the Health Officer may require disinfection and/or disinsecting, has been placed on board without having undergone such disinfection or disinsecting, the Health Officer may cause their immedicate removal from the ship.

(5) The master of a ship shall not for permit the embarkation of any clothing, bedding or other articles belonging to new members of the crew unless embarkation of such clothing, bedding or other articles has been authorised by the Health Officer.

54. A ship shall not remain in port a period exceeding twenty four hours after the completion of the medical examination prescribed in rule 50. A ship so remaining shall not leave the port until a fresh medical examination of all the persons on board has been made by the Health Officer.

SPECIAL PROVISIONS RELATING TO SHIPS LEAVING ANY AREA WHERE TRANSMISSION OF MALARIA OR OTHER MOSQUITO-LORNE DISCESE IS OCCURRING, ETC.

54-A. Every ship leaving a port situated in an area where transmission of malaria or other mosquito-bone disease is occurring or where insecticide-resistent mosquito vestors of disease are present shall be disnsected under the supervision of the health officer as near as possible to the time of its departure but in sufficient time to avoid delay in such departure.

55. No ship shall attempt to leave any port in India for any port outside India unless and untill the provisions of rules 50 to 54A have been complied with and the master of ship has handed over the copy of the certificate lf medical inspection granted by the Health Officer to the custcmes authorities and one copy to the Port Pilot Officer who boards the ship for taking it out of the port. The authority responsible for granting port elearance shall before granting it make sure of such compliance.

56. No person shall be permitted by the Health Officer to embark on a ship with a view to proceeding by sea to the Hedjaz unless such person preduces valid certificates of vaccination against cholera and smallpox.

57. (1) Every ship shall be either—

(*a*) periodically deratted ; or

(*b*) permanently kept in such a condition that the number of redents on board is negligible.

No ship shall leave any port of India for any port outside India unless the master of such ship is in possesion of a Deratting Certificate or a Deratting Exemption Certificate issued by the health authority for a port approved for that purpose under Article 17 of the International Sanitary Regulations. Every suchcerticate shall be valid for six months, but this period may be extended by one month for a ship proceeding to such a port if the deratting or inspection, as the case may be would be facilitated by the operation due to take place there.

NOTE —In India, the Health Officers for the ports of—

(i) Bombay and Calcutta are approved for the purpose of issuing Deratting Certificates, and

(ii) Bombay, Calcutta, Madras, Marmugoa, Cochin, Kandla, Vsakhapatnam and Mandapam camp. Dhanhshkod are approved for the purpose of issuing erating Exemption ertfcates.

(3) Deratting Certificates and Deratting Exemption Certificates shall conform to the model specified in Appendix I to these Rules.

(4) If a valid certificate is not produced the Health Officer for a port approved under Article 17 of the International *Sanitary* Regulations, after enquiry and inspection, may proceed in the following manner :—

(*a*) If the port is approved for the purpose of issuing Deratting Certificates, the Health Officer may derat the ship or cause the derating to be done under his direction and control. He shall decide in each case the teachnique which should be employed to secure the extermination of redents on the ship. Deratting shall be carried out so as to avoid as far as possible damage to the ship and to any cargo and shall not take longer than is absolutely necessary. Wherever possible deratting shall be done when the holders are empty In the case of a ship in ballast, it shall be done before loading. When deratting has been satisfactorily completed, the Health Officer shall issue a Deratting Certificate.

(*b*) At any port approved for issuing Deratting Exemption Certificates only, the Health Officer may issued such a certificate if he is satisfied that the number of redents on board is negligible Such a certificate shall be issued only if the inspection of the ship has been carried out when the holds are empty or when they contain only ballast or other material unattractive to rodents, of such a nature or so disposed as to to make thorough inspection of the holds possible. A Deratting Exemption Certificate may be issued for an oil tanker with full holds.

(5) If the conditions under which deratting is carried out are such that in the opinion of the Health Officer for the port where the operation was performed a satisfactory result cannot be obtained he shall makes a note to that effect on the existing Deratting Certificate.

(6) The fees chargeable for Deratting Certificates and Deratting Exemption Certificates at Indian ports shall be as fixed from time to time by the Central Government.

58. The master of every ship shall, during the stay of the ship in a port take such precautions as the Health Officer for the port may specify in order to prevent rodents gaining access to the ship.

59. The Health Officer shall—

(*a*) take all practicable measures to keep rodents in the port installations to a negligible number;

(*b*) make every effort to extend rat-proofing to the port installations.

PART V—SPECIAL PROVISIONS RELATING TO THE CARRIAGE OF DEAD BODIES AND CREMATED REMAINS.

60. No person shall bring into India any dead body or human remains of persons who may have died of yellow fever, plague, anthrax, glanders or such other diseases as may be notified by the Central Government for this purpose :

Provided that nothing in this rule shall apply to properly cremated ashes of dead bodies or human remains.

61. The dead body or human remains of a person who may have died of a disease other than those specified in rule 60 may be brought into India subject to the provisions of rules 62 to 66.

62. The consignee as well as the shipping agents shall give to the Health Officer of the port of arrival advance intimation of at least 48 hours, of the importation of the dead body or human remains or ashes of cremated bodies.

63. Applications to bring dead bodies or human remains or ashes of cremated bodies to India shall be made to the Indian Diplomatic representatives in countries where such representa tives are functioning or where there is no such representative, to the Health Officer of the port at which the dead body is to be landed.

64. (1) If the dead body or human remains have been properly cremated, the cremated ashes shall be placed in an urn or casket having an outer packing of suitable material.

(2) In the case of incremated remains the following procedure shall be adopted :—

(*a*) A corpse which has not been buried should be enclosed in a shell of zinc or other equally suitable metal with all joints so soldered as seal them hermetically and prevent the escape of noxious gases or fluids. The shell should be enclosed in a stoutly built teak or other hard wood coffin and the coffin should be enclosed in a zinc or tin-lined wooden packing case filled with saw dust impregnated with carbolic powder.

(b) Where a coffin has been exhumed and proves on examination to be intact, sound and free from offensive odour, it should be enclosed in an hermetically sealed zinc or tin-lined wooden packing case filled with saw dust impregnated with carbolic powder.

(*c*) Where a coffin has been exhumed and is not intact, sound and free from odour, its contents should be dealt with in accordance with the requirements of clause (*a*) above.

65. A certificate issued by a responsible municipal or government authority of the country from where the package containing the dead body or human remains or ashes of cremated bodies as the case may be is imported and endorsed by the Indian Diplomatic Representative if any, in that country shall accompany the package. The certificate shall give the full name of the deceased, his age at time of death and the place, date and cause of death and shall indicate that the package conforms to and has been sealed in accordance with the specifications prescribed in rule 64.

66. The pakage containing the dead body or human remains or ashes of cremated bodies shall not be opened during its transit and shall be in a sound sealed condition at the time of arrival. It shall not be removed from the precincts of the port until the Health Officer has permitted in writting its removal. After the Health Officer has accorded this permission the consignee shall remove and dispose of the package in accordance with the general or special instructions which may be issued by the local authorities Governmental and/or municipal, in this behalf.

67. For the transmission of a dead body or human remains and ashes of cremated bodies from India to any place outside India the prior written permission of the competent authority of the country of destination as also of the District Magistrate for the place of death shall be obtained. The requirements laid down by the country of destination with regard to the import of

dead bodies, human remains or ashes of cremated bodies into its territory shall be complied with by the consignor. In case, no such conditions have been prescribed the provisions of rule 64 shall be complied with and the package shall bear an inscription to the effect that it contains infected material and should be handled with care

68. Subject to the provisions of rule 60 a package containing a dead body or human remains or ashes of cremated remains which is in transit through India shall not be subjected to any restrictions if it has been packed and saled in the manner prescribed in rule 64 or in a manner which in the opinion of the Health Officer, is considered to be equally satisfactory.

PART IV—SPECIAL PROVISIONS APPLICABLE IN THE DEATH ON BOARD.

69. If death occurs on board before a ship enters port limits the dead body shall, unless there are special reasons to the contrary be buried at see before the ship enters port limits, in not less than five fathoms of water, in such manner as to secure its immediate sinking and remaining below the surface :

Provided that, in the case of a ship proceeding to Calcutta, if death occurs after passing Saugor and—

(i) if the ship is not likely to reach Calcutta the same day, the dead body shall be disposed of at Diamond Harbour with the permission of local magistrate ; or

(ii) if the ship is likely to reach Calcutta the same day the dead body shall be brought to the port and then dealt with in accordance with the provisions of rule 70.

70. If death occurs on board within port limits or if a ship arrives with a dead body on board,

(i) the master of the ship shall at once inform the Health Officer of the fact ;

(ii) the ship's surgeon or if there is no ship's surgeon the Health Officer, shall if possible ascertain and certify the cause of death ;

(iii) if for any reason the ship's surgeon or as the case may be, the Health Officer is unable to certify the cause of death, the Health Officer shall report the matter to the police with a view to the removal of the dead body from the ship and its post-mortem examination.

(iv) the master of the ship shall, in all cases where post-mortem examination is necessary or where the dead body is unclaimed hand over the dead body to the police and, in all other cases, to the person claiming the dead body ;

(v) the master of the ship shall carryout such instructions for the disposal of the dead body and for the cleansing and disinfection of the ship as may be given by the Health Officer.

71. If death occurs on board either by accident or in suspicious circumstances, the master of the ship shall report the matter to the police at the earliest possible opportunity.

72. (1) If death occurs during the day on board a ship within port limits the ensign and house flag, if any, shall immediatly be lowered to half mast and kept in that position from sunrise till sunset as long as the dead body remains on board and if death occurs between sunset and sunrise, one red light shall be hoisted at the peak, half-mast high.

(2) Every ship arriving at a port with a dead body on board shall, if the arrival is by day, hoist the appropriate International Code Signal in accordance with Code Book, Volume I and if the arrival is by night transmit a message to the Signal Station, intimating the fact of a dead body being on board.

Part VII—General Rules.

73. The sanitary measures permitted by these Rules are the maximum measures applicable to international traffic.

74. Sanitary measures and health formalities shall be initiatedforthwith, completed without deray, and applied without discrimination.

75. (1) Disinfection, disinsecting, deratting and other sanitary operations shall be so carried out as—

(a) not to cause undue discomfort to any person, or injury to his health;

(*b*) not to produce any delecterious effect on the structure of a ship or on its operating equipment;

(*c*) to avoid all risk of fire.

(2) In carrying out such operations on foods, baggage and other articles every precaution shall be taken to avoid any damage.

76. (1) The Health Officer shall, when so requested issue free of charges to the master, or any representative of the owner or agent, of a vessel a certificate specifying the measures applied to the vessel, the parts thereof treated, the methods employed and reasons why the measures have been applied.

(2) The Health Officer shall, when so requested, issue free of charge—

(*a*) to any traveller a certificte specifying the date of his arrival or departure and the measures applied to him and his baggage;

(*b*) to the consigner the consignee, and the carrier, or their respective agents, a certificate specifying the measures applied to any goods.

77. The Health Officer shall take all practicable measures to control the discharge from any vessel of sewage and refuse which might contaminate the waters of the port.

78. No sanitary measure, other than medical examination, shall be applied to passengers and crew on board a healthy ship from which they do not disembark.

78-A. The master of any vessel shall immediately give notice to the Port Health Officer about the occurence on board the vessel of a case or suspected case of quarantinable or infectious disease. The Health Officer on receipt of information about the occurrence of a quarantinable or infectious disease on board a vessel in the port shall immediately proceed there, medically examine all persons on board arrange for the isolation of the case or the suspected case on board or in a hospital in co-operation with the local health authorities and take other appropriate measures prescribed under the special provisions relating to quarantinable or infectious diseases or both.

79. The master of any vessel subject to these Rules and every other person shall comply with all directions lawfully given and all conditions lawfully imposed by the Health Officer in pursuance of these Rules and shall give that Officer all reasonable facilities for the discharge of any duty imposed on him by these Rules.

80. The Health Officer may in his discretion—

(i) refuse entry into the limits of the port to any person or remove from the limits of the port any person who in his opinion, is likely to spread any quarantinable or infectious disease, and

(ii) prohibit the admission of any visitor to any vessel in port.

81. The Health Officer shall take effectual measure to esure—

(1) that drinking water and foodstuffs, taken on board a ship are wholesome and that water taken in as ballast is disinfected if necessary; and

(2) that old clothes and rags, whether baled or otherwise have been thoroughly disinfected before loading if, in his opinion, they are likely to be infected with smallpox.

82. The Health Officer shall take effectual measures for keeping the port area free from mosquitoes in their larval and adult stages.

83. (1) The Health Officer, in order to ascertain its general sanitary condition, may at any time inspect any ship or vessel within the precincts of the port. Such inspection may have regard to the prevalence on the ship or vessel of mosquitoes insects or other vermin, The Health Officer may recommend such measures as he thinks fit to the master owner or agent for the rectification of any particular insanitary state for the destruction of mosquitoes, insects or other vermin and for the elimination of their breeding places on board. The Health Officer may further require such measures to be adopted and if they are not adopted may carry them out or cause them to be carried out at the expense of the master, owner or agent.

(2) The powers conferred on the Health Officer by sub-rule (1) may also be exercised by the Conservator of the Port or any Officer duly authorised by him in writing or appointed in this behalf by the Central Government.

84. (1) The Health Officer may disinfect or in special cases, for reasons to be recorded in writing, remove food-stuffs or beverage on board a ship if he has reason to believe that they may have become contaminated by the infection of a quarantinable disease or may serve as a vehicle for the spread of any such disease. If any such foodstuffs or beverage is removed from the ship, the Health Officer shall make arrangements for its safe disposal.

(2) Apart from the special provisions relating to cholera in Part II of these Rules, goods other than live animals, in transit without transhipment shall not, however be subjected to any sanitary measures or detained.

85. Except in the case of an infected person or suspect, baggage may be disinfected or disinsected only in the case of a person carrying infective material or insect vectors of a quarantinable disease.

86. (1) Mail, newspapers, books and other printed matter shall not be subject to any sanitary measures.

(2) Postal parcels may be disinfected and if necessary, disinsected if they contain–

(*a*) any of the foods referred to in sub-clause(7) of clause(A) of rule 25 of these Rules, which the Health Officer has reason to believe comes from a cholera infected area; or

(*b*) linen, wearing apparel or bedding, which has been used of soiled and to which the provisions of Part II or III of these Rules are applicable.

87. (1) A certificate of clearance for the purpose of customs duty shall not be granted in respect of consignments of imported second-hard clothing unless convered by a certificate of approval from the Health Officer. The Health Officer may inspect all such consignments and prohibit removal of any consignment unless the consignee produces a certificate of disinfection, in respect of such clothing of the Government or Municipal Health authority for the port of despatch of for the port of arrival in India.

(2) When no such certificate of disinfection is produced, the Health Officer may direct the disinfection of such clothing and the fees chargeable for such disinfections shall be such as the Central Government may, from time to time, fix.

(3) The cost of carriage of such consignments from the docks to the disinfecting station shall also be borne by the consignor.

88. No sanitary documents other than those provided for in these Rules shall be required by the Health Officer.

89. (1) No charge shall be made by the Health Officer of a port for–

(*a*) any medical examination provided for in these Rules or any supplementary examination bacteriological or otherwise which may be required to ascertain the state of health of the person examined.

(*b*) any vaccination of a person on arrival and any certificate thereof.

(2) Charges for applying the measures provided for in these Rules other than the measures referred to in sub-rule(1) of this rule. shall conform with the tariff for such charges as may be fixed from time to time by the Central Government. These charges shall be moderate and not exceed the actual cost of the service rendered and they shall be levied without distiction as to the nationality, domicile or residence of the person concerned or as to the nationality flag registry or ownership of the ship. In particulars there shall be no distinction made between national and foreign persons and ships.

(3) The tariff and any amendment thereto, shall be published in the Official Gazette at least ten days in advance of the levy thereunder.

(4) If any person or member of the crew refuses or fails to pay charges due from him, then, without prejudice to any proceedings that may be taken against him, such charges shall be recoverable from the owner or agent of the ship on which such person or member of the crew arrives.

90. A vaccination document issued by the Armed Forces shall be accepted in lieu of a vaccination certificate in the form shown in Appendix 2, 3 or 4 to these Rules if—

(*a*) it embodies medical information substantially the same as that required by such form; and

(*b*) It contains a statement in English or in French recording the nature and date of the vaccination and to the effect that it is issued in accordance with Article 99 of International Sanitary Regulations.

PART VIII—SPECIAL RULES EN RELATION TO THE ANDAMAN AND NICOBAR ISLANDS.

91. Notwithstanding anything contained in these Rules —

(*a*) every person, on arrival at a port in the Andaman and Nicobar Islands, shall be required to produce valid certificates of vaccination against cholera and smallpox.

(*b*) any person who cannot produce such certificates may be isolated in such place as may be approved by the Health Officer for this purpose or placed under surveillance for such period, as the Health Officer may consider necessary.

92. All cattle, on arrival at a port in the Andaman and Nicobar Islands, shall forthwith be sent to a segregation camp established for this purpose and shall be detained therein for a period of ten days during which it may be inoculated in such manner as the officer in-charge of the camp may deem necessary so as to render it free from infectious or contagious disorders

PART IX—PENALTIES.

93. Whoever contravenes any provision of these Rules or disobeys; or fails to comply with any order given in pursuance of these Rules, shall be punishable for every offence with fine, which may extend to one thousand rupees.

94. If the master of a vessel fails wholly or in part to do any act prescribed by any rule, the Health Officer shall cause such act to be done, and the reasonable expenses incurred in doing such act shall be recoverable by him from such master

APPENDIX I.

(*See* Rule 53.)

DERATTING CERTIFICATE (A).

DERATTING EXEMPTION CERTIFICATE (A).

Issued in accordance with Article 52 of the International Sanitary Regulations.
(not to be taken away by Port Authorities).

Port of ____________________

Date ____________________

THIS CERTIFICATE records the inspection and (deratting) (exemption)
(a) at this port and on the above date of the ship / inland navigation vessel
(a) of [tonnage for a sea-going vessel] [not ________ tonnage for an inland navigation]

es l) (a) (f)

At the time of ________ (inspection) / deratting (a) the holds were laden with ________ tons of ________ cargo.

Compartments(b).	Rat indications.	Rat Harbourage. Discovered. Treated	Deratting. By fumigation fumigant, hours exposure. space (cbft.)	Quantity used.	Rats Found dead.	By catching trapping or poisoning. Traps set or poisons put out.	Rats caught or killed.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	(c)	( )		(e)			
Holds 1.							
2.							
3.							
4.							
5.							
6.							
7.							
Shelter deck space							
Bunker space							
Engine room and shaft alley.							

Forepeak and store room.
Afterpeak and store room lifeboats.
Charts and wireless rooms.
Galley.
Pantry,
Provision store rooms.
Quarters (crew)
Quarters (officers).
Quarters (cabin passengers).
Quarters (storage).

TOTAL ..

(*a*) Strike out the unnecessary indication.
(*b*) In case any of the compartments enumerated do not exist on the ship or inland navigation vessel, this fact must mentioned.
(*c*) Old or recent evidence of excreta, runs or gnawing.
(*d*) None, small, moderate or large.
(*e*) State the weight of sulphur or of cyanide salts or quantity of HCN acid used.
(*f*) Specify whether applies to metric displacement or any other method of determining the tonnage.

Recommendations made—observation.—In the case of exemption, state here the measure taken for maintaining the ship or inland navigation vessel in such a condition that the number of rats on board is negligible.

(Seal, name, qualification and signature of the Inspector.)

APPENDIX II

[See Rules 2(20), 28(2), 31.*]*

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER.

[CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE.]

This is to certify that ......(date of birth) ......(Sex)

Je soussigne (e) certifie que ......[ne(c) le) ......(sexe)

Whose signature follows

dont la signature suit

has on the date indicated been vaccinated or revaccinated against yellow fever.
a etc , vaccine (e) ou revaccine(e) contre la fievre la jaune a la indiquee.

Date. (1)	Signature and professional status of vaccinator/Signature of qualite professionnellee du vaccinateur. (2)	Origin and batch no of vaccine/Origine du vaccin employeet numero du lot. (3)	Official stamp of vaccinating centre/Cachet officiel du centre de vaccianation. (4)	
1			1	2
2				
3			3	4
4				

This certificate is valid only if the vaccine used has been approved to the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccine employe a ete approuve par I' organisation Mondiale de la Sante et si le centre de vaccination a ete habilite par I' administration sanitaire du territorire dans lequelce centre est situe.

La validite de ce certificate couvre une period de dix ans commencant dix Jeurs apre la date de la vaccination ou, dans le cas d'une revaccination cours de cette periode de dix ans, le jour de cette revaccination.

Tout correction ou rature sur be certificate on I' omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

APPENDIX 3.

[*See* Rules 2 (20), 25, 27].

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LE CHOLERA.

This is to certify that | . . . . .date of birth | . . . . . .sex | . . . .

Je soussigne(e) certific que . . . . .ne(e) le . . . . | . . . . . .sexe | . . . .

whose signature follows |

dont la signature suit |

has on the date indicated been vaccinated or revaccinated against cholera.

a ete vaccine(e) ou revaccine(e) contre le cholera a la date indiquees.

Date.	Signature and professional status of vaccinator/Signature at qualite professionalee du vacinateur.	Approved stamp.	Cachet d'authentification.
(1)	(2)	(3)	(4)
1		1	2
2			
3		3	4
4			

The validity of this certificate shall extend for a period ot six months, beginning six days after the first injection of the vaccine or, in the event of a revaccination within such period of six months, on the date that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination in performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validite de ce certificate couvre une periode de six mois commencant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois, le jour de cette revaccination.

Le cachet d'authenitification doit etre conforme au modele prescrit par l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature surle certificat ou l'omission d'une quekonque des mentions qu'il comporte peut affecter sa validite.

APPENDIX IV.

[*See* Rules 2(20), 36, 38 and explanation thereunder.]

INTERNATIONAL CERTIFICATE OF VACCINATION OR RE-VACCINATION AGAINST SMALLPOX.

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that	....	date of birth	......	Sex	......
Je soussigne(e) certific que	....	ne(e) le......		......Sexe	......

Whose signature follows	....
dont la signature suit	....

has on the date indicated been vaccinated or revaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfil the recommended requirements of the World Health Organisation.

a ete vaccine(e) revaccine(e) contre la variole a date indipuee, co-dessous, avec, un vaccin lyophilise ou liquide certifie conforme aux normes recommendees par l'Organisation mondiale dela Sante.

Date.	Show by 'xwhether. Indiquer par x' Sail s agit de:	Signature and prop-fessional status of vaccinator. Signature et qualite professionnellee du vaccinateur.	Origin and batch No. of vaccine. Origine due vaccine at unmero du lot.	Approved Stamp. Cachet d'authentification.	
1*a*	Primary vaccination performed primo-vaccination effectuee.			1a	
1*b*	Read as successful Prise Unsuccessful Pas de prise			2	3
2	Revaccination				
3	Revaccination				

The validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

La validite de ce certificat couvre une periode de trois ans commencant huit jours a a date de la primo-vaccination effectuee avec succes (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit etre conforme au modele prescrit par l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur'e certificate ou 'l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

APPENDIX V

[*See* Rule 5 (3).]

MARITIME DECLARATION OF HEALTH.

(To be rendered by the masters of ships arriving from ports outside the territory.)

Port of	Dated	
Name of ship	From	to
Nationality	Master's name	
Net Registered Tonnage		
Deratting or Deratting Exemption	Certificate	, Dated
	Issued at	
Number of passengers	Cabin	Number of crew
	Deck	

List of ports of call from commencement of voyage with dates of departure.

HEALTH QUESTIONS.

Answer Yes or No

1. Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever, smallpox, typhus, or relapsing fever ? Give particulars in the Schedule.

2. Has plague occurred or been suspected among the rats or mice on board during the voyage*, or has there been an abnormal mortality among them ?

3. Has any person died on board during the voyage* otherwise than as a result of accident ? Give particulars in Schedule.

4. Is there on board or has there been during the voyage* any case of disease which you suspect to be of an infectious nature ? Give particulars in Schedule.

5. Is there any sick person on board now ? Give particulars in Schedule.

NOTE.—In the absence of a surgeon, the master should regard the following symptoms as ground for suspecting the existing of dissase of an infections nature; fever accnmpanied by prostration or persisting for several days, or attended with glandular swelling; or any acute skin rash or eruption with or without fever; severe diarrhoea with symptoms of collapse, jaundice accompanied by fever.

6. Are you aware of any other condition on board which may lead to infection or the spaerd of disease ?

I hereby declare that the particulars and answers to the question given in the Declaration of Health (including the Schedule are true pnd correct to the best of my knowledge and belief.

Signed ——————

Master

Countersigned ——————

Date : *Ship's Surgeon.*

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* If more than four weeks have elapsed since the voyage began, it will suffice to give particulars for the last four weeks.

APPENDIX V—*cont.*

SCHEDULE TO THE DECLARATION.

PARTICULARS OF EVERY CASE OF ILLNESS OR DEATH OCCURRING ON BOARD.

Name.	Class or rating.	Age.	Sex.	Nationality.	Port of embarkation.	Nature of illness.	Date of its onset.	Results of illness*	Disposal of case £
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

* State whether recovered; still ill ; died.

£ State whether still on board; landed at (give name of pott); buried at sea.

APPENDIX VI

[*See* rule 50 (5).]

GOVERNMENT OF INDIA

Certificate of Medical Inspection

Certified that the ship (steamer)........................sailing under.................flag under the command of Captain...bound for...with.............................crew and...passengers on board has been Inspected today, the.................................of.....................197....at....................................hours, Port of

Dated.....................197 . *Health Offiecr of the Port.*

Notes.—1. This certificate is valid for 24 hours only vide rule 54 of the Indian Port Health Rules, 1955.

2. One copy of this certificate shall be forwarded by the master of the ship to the customs authorities issuing the port clearance and one copy to Port Pilot Officer who boards the ship for taking it out of the port.

(*Reproduction from the Indian Port Health Rules,* 1955 *as amended up to* 28*th February* 1967).

APPENDIX VII.

INSTRUCTIONS REGARDING VACCINIA VACCINATION, BACTERIAL VACCINES, SERA AND SNAKE BITE.

I. FREEZE DRIED SMALLPOX VACCINE.

The Freeze Dried Smallpox Vaccine contains the vaccine virus which is antigenically related to variola virus. It is capable of conferring immunity against smallpox. The vaccine is prepared from healthy buffalo calves. The vaccine pulp is obtained by deep scooping of the vesicles formed on the entire skin of the calves, which are exsanguinated about one hundred and eight hours after vaccination.

(i) the bacteria free viral suspension, whose potency has been duly assessed in developing chorio-allantoic membrane, is carefully filled under aseptic conditions into sterile ampoules and freeze dried.

(ii) The final product is subjected to strict quality control tests and gets released only after satisfactory completion of bacteriology, potency, safety and stability tests.

(iii) The vaccine is fairly stable in the freeze dried form and is ideal for use in the tropical countries. Once reconstituted the liquid vacine rapidly loses potency. It is therefore essential to store the vaccine in a cool environment.

(iv) At room temperature (30° C) the vaccine's keeping quality is one month at aftigedaire tempreature (5-10 C) it is twelve months and at still lower temperature (—20° C and below) it is nearly five years.

POINTS TO REMEMBER IN USING FREEZE DRIED SMALLPOX VACCINE.

1 No antiseptic should be used at the site of vaccination. The site should be cleaned with plain water and allowed to dry before vaccination.

2 Fifteen up and down strokes with light pressure using a simple bifid STERILE NEEDLE would ensure a perfect vaccination.

3 After vaccination the spot should be allowed to dry completely There should be to dressing, whatsoever, of the vaccinated spot.

4 One insertion on the arms or forearm would do for primary and re-vaccination respectively.

5. Neonatal primary vaccination, i.e., soon after birth, is recommended. The first re-vaccination should be done at the school-going age. Thereafter re-vaccination once in three years is to be recommended for periodical boostering of resistence to smallpox infection. Whenever there is an out-break, prompt re-vaccinations are of paramount importance There are absolutely no contra-indications for vaccinations during an epidemic of smallpox.

II. BACTERIAL VACCINES.

These are sterile suspensions of pathogenic bacteria in normal saline solution with 0.5 per cent carbolic acid. They should be stored in a cool dark place. Injections should be given subcutaneously with streile precautions The strenghs given below are for the vaccines made at the King Institute. (m stands for millions) The doses given are for adults, those are children or debiliated individuals must be suitably modified. The conditions as regards expiry noted in the instructions sent out with such vaccine should be carefully observed.

Prophylatic Vaccine.

(i) T.A.B. Vaccine—Contains 1,000 m. Typhoid, 500 m. Paratyphoid A. and 500 m. Paratyphoid B. bacilli per c.c. A first dose of ½c.c. followed by 1 c.c. after 7 to 10 days is to be given. Ordinarily prophylactic inoculations should be repeated every year.

(ii) Cholera vaccine—contains 8,000 m. per c.c. dosage as for T.A.B. vaccine.

(iii) Plague vaccine—Contains a broth culture of plague bacilli made at Haffkine Institute, Bombay. Supplies of this vaccine can be obtained direct from Haffkine Institute or the King Institute. Dosage—first dose 1 c.c.; second dose 1.5 c.c. a week later. If time do not permit, a single dose of 3 c.c. may be given.

Theraputic vaccines.

Dosage.—In most cases one starts with a small dose, ½ c.c. of the initial dose supplied and works up to larger doses, being guided as to the dose and interval by the local and general reactions. The exception is when some degree of "protein shock" is wanted.

(i) T.A.B. Curative—Doses supplied—20, 50 and 100 m. (2 tubes each).

(ii) Staphylococca vaccine—Contains staphylococcus pyogenes, aureus and albus. Dose—100, 200 and 400 m. (2 tubes each). As a rule, gives very good results, starting dose about 50 m., further doses at intervals of about five days or more.

(iii) Streptococcal Filarial vaccine—Doses supplied—20, 50 and 100 m. (2 tubes each).

(iv) Mixed Staphylo and Strepto vaccine—Contains four parts of staphylococcus and one part of Streptococcus. Doses supplied—20, 50 and 100 m. (2 tubes each).

(v) Compound Catarrahal vaccine—Contains one part each of Pneumococcus, Streptococcus N.Catarrhalis. Doses supplied—20, 50 and 100 m. (2 tubes each).

(vi) Tuberculins—several forms exist: It is available in the dilutions require for Mantoux test.

(vii) Rabies Vaccine—This is prepared at the Pastuer Institute of Southern India, Coonoor, The Nilgiris. It is a 5% suspension of infected sheep brain (Paris strain of rabies fixed virus) inactivated with bata-propiolactone. Details of the revised system of treatment are given below:—

Class of treatment.	Dosage per day.		Duration of treatment.
	Adult.	Child.	
(1)	(2)	(3)	(4)
Class I .. .	2 ml.	1 ml.	7 days.
Class II	3 ml.	3 ml.	10 days.
Class III	5 ml.	3 ml.	10 days.

III. SERA.

Horses are immunized against specific diseases like tetanus, diphtheria, gas gangrene, etc., by using the corresponding organisms or their products or their components as the antigen plasma obtained from the Hyper immunized horses is digested by enzyme and precipitated by saturated ammoniam sulphate to obtain antibody containing globulins. A preservative like carbolic acid (0.5%), tricresol (0.35%), Merthiolate (1:10,000) or chlorocresol or chloroform is used. After testing the potency, the antitoxin is dispensed in vials or ampoules and issued to hospitals for use. The antitoxin undergoes a series of regorous tests as per I.P. Standards before issue.

Antitoxin should be stored in the dark between 2° C to 5° C. If kept at 0° C– 5° C, the rate of deteriroration during 5 years in negligible. If kept between 5° C—15° C rate of deterioration does not exoeed during each year 5% of the previous years value.

At 15°C .. 10% per annum.
At 20°C .. 10% per annum.
At 37°C .. 25- 50% per annum.

A proportionate excess of potency is incorporated in the dose of antitoxin. The loss in potency at higher temperature is negligible if the antitoxin is stored in lyophilised form. Antitoxins act more quickly and efficiently when given intravenously and should be given by this route when immediate action is vital.

Several commercial firms prepare antitoxins. The Government Institution in India which prepare anti-sera are Haffkine Institute, Bombay, Central Research Institute, Kasauli and King Institute, Guindy, Madras.

The antitoxins mentioned below are stocked at King Institute, Guindy.

1. **Antiveness**.—Anti Snake Venom Serum (Polyvalent in lyophilized form). Each ml. of serum neutralizes 0.6 mg. of cobra venom. 0.45 mg. of common krait venom 0.6 mg. of Russel viper venom and 0.45 mg. saw scaled viper venom.

2. **Normal horse serum.**—Prepared and supplied from King Institute, Guindy for research purposs, with and without the addition of preservative.

3. **Tetanus Antitoxin** (ATS).—(*a*) Supplied as single dose ampoules of 1,500 I.U. per dose and also 10 doeses rubber capped vials for prophylactic use.

(*b*) Tetanus Antitoxin (ATS) is supplied in 10,000 and 20,000 I.U. in rubber capped vials for curative purposes.

4. **Diphtheria Antitoxin.**—10,000 I.U. and 20,000 I.U. for curative purposes.

Serum reaction.

The improved technics employed in concentration and purification of serum by enzyme digestion has minimised the Serum reactions. Though severe reactions have decreased, one should be careful about possible reactions because the refined antitoxin still contains some proteins foreign to human system.

The reactions may be of the following types:—

1. *Anaphylatics shock.*—This is an immediate reaction attended by fall of blood presure, pallor and loss of consciousness and sometimes by oedema or rash. This comes on within a few minutes of injection but may appear with less intensity upto two hours.

2. *Serum sickness.*—This is a syndrome of urticarial and other rashes, oedema of the tissue joint pains and pyrexia. It is of a delayed onset, after interval of seven to twelve days. There is an accelerated from which is typically seen after three to four days, in persons who have had serum previously.

It is therefore always necessary to take the personal and family history of the patient before the administration of sera regarding the allgergic diseases such as asthma, urticaria, eczema, hayfever, etc., and also to note previous history of the serum injections in the patient. To test for serum sensitiveness.—

A number of methods are available testing for serum sensitivity to avoid anaphylaxix. Intradermal, Ophthalmic or conjuctival are the methods employed and are not reliaule. The use of the "Trial dose or test dose"(0.1 ml. or more usually 0.2ml of serum or of a dilution of serum) subcutaneously is preferable. The essence of this procedure is to introduc the serum into general circulation slowly in small amounts so that should an anaphylactic shock develop, it would be relatively mild and resoond rapidly to treatment. The patients general reaction and not local reaction after the "trial dose" is to be noted before he is given a large dose.

For a patient who had previous serum injection, a small dose of 0.2 ml. of serum is given subcutaneously and observed for half an hour. If no general symptoms develop the main dose is given subcutaneouslv or intramuscularlv.

If serum has to be given to asthamatic and other allergic patients in an enmergency, the following scheme is suggested, A trial dose of 0.2 ml. of a 1 in'10 dilution is given subcutaneously and the patient is kept under close observation for half an hour. In the absence of any reaction another trial dose of 0.2 ml. or undilted serum is given subcutaneouly and is once again observed for signs of general sensitivity for half an hour. Finally in the absence of general symptoms, the main dose is injected subcutaneously or intramuscularly and a close observation for a period of half an hour is made.

Adrenaline should always be available at hand when serum is being administered. In case of manifestations of anaphylaxis a dose of 0.5 ml. of 1: 1,000 Adrenaline should be injected immediately and repeated if necessarv.

IV. Snake bite

The wall chart on Snakes issued by Bombay Natural History Society makes it easy to decide whether a snake is poisonous or not, For further information books on snakes should be consulted.

General rules

(*a*) All poisonous snakes have poison fangs with one of the two upper front teeth **enlarged and** grooved or hollowed to conduct the poison (Poison fangs). These usually lie folded backward and partially covered by folds of membranes. The gum margin immediately behind the poison fangs have no teeth.

(*b*) All poisonous snakes and some harmless snakes have the belly covered with transverse plates extending completely across from side to side, so that the small scales on each side are not visible from below.

Specific Characters.

(i) Cobras and Coral Snakes.

In these the third supra labial scale touches both the eyes.

(ii) **Kraits.**—The middle row of scales down the back is enlarged and in addition there are only four infralabial scales (on the side of the under jaw of which the fourth is decidedly the largest).

(iii) **Vipers.**—Most vipers have the top of the head covered with small scales which is unusual in snakes for most of them have large scales on the head. Pit vipers have large scales on the head but show a distinct space between the eye and the nostril. The common echis viper has scales. Scales are "Keeled"- Russels vipers has dark rings or diamond shaped markings which are usually edged with white.

Symptoms of Poisoning.

(*a*) **Colubrine poisons**—

Cobra Venom.—A feeling of intoxication is followed by paralysis beginning in the legs and ascending to the head by way of the trunk. The head drops and there is paralysis of the muscles of the eyelids, lips, tongue and throat. Saliva dribbles from the month and speech becomes increasingly difficult. Nausea and vomitting frequently occur. The breathing gets more and more difficult till it finally ceases. The face becomes livid and distressed and swallowing is impossible. The heart remains comparatively unaffected and continues to beat after respiration has failed. Death usually takes place in 1½ to 6 hours from respiratory failure.

Krait Venom.—In Krait poisoning the symptoms are identical with that of cobra poisoning.

Viper Poisoning.—(Russels viper and Saw scaled viper).

The local symptoms are prominent and severe. There is great and persistent pain and intense swelling. There is constant and incessant oozing of blood from the punctures. Sloughing occurs permitting other infections. The constitutional symptoms are characterised by haemorrhages both external and internal. Haemorrhages in abdomen are responsible for pain, tenderness and vomiting, Death is due to heart failure. There is no paralysis.

Local Treatment—

Ligation.—A ligature of some type should be bound a moderate distance above the bitten part so as to prevent the venom being absorbed. If the bite is on the leg, apply the tourniquet above the knee and if on the arm, above the elbow. The tourniquet should not be kept in position for more than 30 minutes at a time and should be slackened at regular intervals of ten minutes during this time.

It is advantageous to infiltrate the area around the fang marks with antivenom in the case of viperine poisoning. This will localize the venom and also prevent necrotic changes which is characteristic of viperine venom.

General treatment of Snake bite—

Once the venom enters the circulation it is only Anti Snake Serum that can neutralise it. As a first dose, at least 20 ml. of reconstituted antivenom should be injected intravenously. The second dose should be repeated an hour and a half later or if the symptoms persist. Further dose of antivenom may be given at longer intervals (4 to 6 hours), if necessary.

The usual precautions necessary in the administration of any antiserum should be followed in this case also. The serum may be administered subcutaneously but it is much more effective when administered intraveneously which should be the route of choice in spite of attendant risk, in severe cases of snake venom poisoning, especially by Russels viper. The symptoms of serum reactions can be easily detected and successfully combated in most cases if one is alive to the risk. If serum is being administered subcutaneously or intramuscularly two or three times the recommended doses of serum should be given. Before starting injection of serum, keep adrenaline ready for administration if necessary.

In case of Russels and Saw scaled viper poisoning sedatives such as morphine, small doses of Barbitirate or aspirin may be given to relieve pain and nervousness. They should however be used with care in krait and cobra poisoning. For collapse, strychnine pituitrine or other general stimulants like coramine are of value. The use of corticosteroids helps to minimize serum reactions and minor allergic reactions. Antibiotics may be given to treat local sepsis.

In all severely poisoned persons great relief is likely to be experienced from the infusion of a large amount of physicological saline or still better, transfusion of blood or plasma the effects of which may be life saving in border line cases.

APPENDIX VIII.

PART I.

RULES FOR THE TRAINING OF NURSES IN GOVERNMENT HOSPITAL IN THE STATE OF TAMIL NADU.

Note—The term 'NURSES' and 'NURSE PUPILS' in these Rules refer in general to men and women nurses and nurse pupils, unless the context otherwire requires and applies to those recruited and paid by the Government, but they may be adopted with suitable changes to the training of nurses by local bodies.

RULE 1: *Centres for training.*—Schools for training of Nurses exist at the following Government Hospitals :—

1. Government General Hospital, Madras.
2. Government Stanley Hospital, Madras.
3. Government Kasturba Gandhi Hospital for Women and Children, Madras (for women only by affiliation with the Government General Hospital, Madras).
4. Government Erskine Hospital, Madurai.
5. Government Headquarters Hospital, Coimbatore.
6. Government Thanjavur Medical College Hospital, Thanjavur.

RUEE 2: *Admissions of candidates for training.*—Recruitment of candidates for training will be made by two Selection Committees, Viz.

Name of Centre	Name of Hospital for which Nurse Pupils are to be selected.	Place of the Committee.
(1)	(2)	(3)
1. Madras	1. Government General Hospital, Madras.	Government General Hospital, Madras.
	2. Government Stanely Hospital, Madras.	Do.
	3. Government Kasturba Gandhi Hospital for Women and Children, Madras.	Do.
2. Madurai	1. Government Erskine Hospital, Madurai.	Government Erskine, Hospital, Madurai.
	2. Government Thanjavur Medical College and Hospital, Thanjavur.	Do.
	3. Government Headquarters Hospital, Coimbatore.	Do.

2. Candidates should apply in Form 'A' annexed to these Rules to the President, Committee for Selection of Nurse Pupils, Government General Hospital, Park Town, Madras-3 and should indicate in their applications the Training Centre they wish to join but they are liable to be posted to any training centres. A fee of one rupee will be levied for applications from the candidates. This application fee of one rupee is to be sent in the form of a Crossed Indian Postal Order drawn in favour of the President, Committee for Selection of Nurse Pupils,Government General Hospital, Park Town Madras-3. The selection of candidates will be made after a personal interview of the applicants, at the recruiting centre. Candidates should be prepared to come for a personal interview at their own expense. The application forms and prospectus prescribed for nurses training for which a fee of one rupee has been prescribed in G.O. Ms. No. 12, Health dated 5th January 1967, shall be supplied to Women Burma Repatriates and Women Ceylon Repatriates (i.e.,) to those who left Ceylon on repatriation from 1st November 1964 free of cost and the selected candidates shall be admitted as stipendiary candidates (G. O. Ms. No. 1525' Health, dated 26th September 1967 and G. O. Ms. No. 1368, Health , dated 5th September 1967 and G. O. Ms. No. 1369, Health, dated 5th September 1968).

3. Candidates will be admitted for training before the 10th of January and July as the case may be each year and that the course should commence on the 10th of these months and if it is a holiday on the next working day.

RULE 3 : *Qualifications.*—Admission will be restricted to candidates who satisfy the following conditions :—

(*a*) Candidates should be Indian Nationals. Only candidates belonging to the State of Tamil Nadu will be selected as stipendiary candidates.

(*b*) Men Nurse Pupils shall not be less than 17 and not more than 22 years of age at the time of admission for the training. Women Nurse Pupils shall be less than 17 or more than 30 years of age at the time of admission for the training.

Applicants belonging to families of needy goldsmiths seeking admission to Nurses Training Course will be granted age exemption up to one year below the prescribed minimum age for up to three years above the prescribed maximum age, as may be necessary (Government Endorsement No. 8522/H7/63-4, Heakth, dated 21st September 1963).

Upper age-limit will be relaxed in case of candidates deputed by the State Social Welfare Board (G. O. Ms. No. 1271, Health, dated 14th July 1964).

(*c*) *Educational qualifications.*— The minimum educational qualification shall be eligibility for the University Course with minimum total number of 300 marks and above in the S.S.L.C. Examination. A mere pass in S.S.L.C. in enough for the candidates who belong to "Scheduled Castes or Scheduled Tribes" (G. O. Ms. No. 1836, Health, dated 24th July 1975).

In the case of repatriates from Burma and Ceylon an assessment will be made by the Selection Committee at the time of interview and relaxation of rule relating to educational qualification will be considered by Government, if necessary.

(*d*) An applicant for training as a Woman Nurse should be an unmarried woman or a widow with or without children.

Widows with children of five years of age and above may be admitted for the training provided that proper arrangements are made for the maintenance of their children. Widows with children of below five years of age will not be admitted for the training.

1. No exemption will be granted from the prescribed standard of educational qualifications.

2. Preference will be given to candidates possessing higher qualifications.

3. In the case of women candidates preference will be given to candidates whose family circumstances render it easy for them to devote their attention to the work of nursing and who are not likely to seek other and more lucrative employment. Preference will be given to candidates who have completed bifurcated course of studies in the secondary school with domestic science as their special subject.

(*e*) The candidates beloning to States other than Tamil Nadu will not be debarred from admission to the Nurses Training Course in the State of Tamil Nadu, if seats are available and if they are found suitable by the Selection Committee but such candidates will not be paid any stipends or allowances from the funds of the State of Tamil Nadu. Such candidates should obtain their stipends and allowances from the Government of their respective States or their sponsoring authorities. They may, however, be allowed rent-free accommodation and other conveniences like free supply of electricity, water, etc., admissible to members of the Nursing Staff and they need not enter into an agreement like to the stipendiaries of State of Tamil Nadu.

(*f*) Preference will be given to 10 candidates for selection of Nursing course deputed by the State's Social Welfare Board and in their case upper age-limit will be relaxed (G. O. Ms. No. 1271, Education, dated 14th July 1964).

(*g*) 10 per cent of the seats in the Nursing Course will be reserved for the widows, wives oe children of defence service personnel (G.O. Ms. No. 2504, Health, dated 2nd December 1964) subject to the conditions that the candidates satisfy normal conditions for admission

(*h*) 18 per cent of the case total vacancies in the Nurses Training Course shall be reserved for Scheduled Castes and Scheduled Tribes and 31 per cent shall be reserved for Backward Classes, the balance of the total number of seat (i e.), 51 per cent of the total number of seats, shall be reserved for General Pool and filled up on the basis of merit.

(*i*) A Women Nurse Pupil marrying during the period of training will be deemed to have left the training and will be liable to the penalties mentioned in Rule 17 below :—

RULE 4: *Health and other certificates.*— Candidates whose height is minimum 5 feet must submit along with their applications :—

1. A certificate of physical fitness in Form 'B' annexed to these rules from a Civil Assistant Surgeon or Honorary Assistant Surgeon or Honorary Assistant Physician.

2. A certificate of vaccination or re-vaccination with the last three years.

3. A certificate of inoculation against enteric fever, the inoculation consisting of two injections, the first being 1/2 c.c. and second 1 c.c.

4 Testimonials in original from two respectable persons.

5 S.S.L C. Book (Evidence of educational qualification).

6 A certificate of Indian Nationality indicating that the candidate belongs to a particular place in district of State of Tamil Nadu in Form 'C' signed by an Officer of the Revenue Department not lower in rank than a Deputy Tahsildar or stationary Sub-Magistrate.

RULE 5: *Entrance examination and aggreement.*—Candidates will be admitted on three months trial and towards the end of this period a preliminary examination will be conducted by the Nursing Superintendent of Nursing Tutor of the Hospitals. Candidates who fail in the entrance examination in the first attempt will be allowed to continue their training for further period of one month and re-examination will be held at the end of the month. If they fail even in the second attempt, their training will be terminated forthwith.

Candidates who pass the entrance examination and found medically fit will be required to sign an agreement in the form given in the annexure IV to these rules to complete their training and to remain in service for a minimum period of three years after the completion of training if required by the authorities.

Notes.—(1) An interval of one month should be allowed to lapse between first and second entrance examination to be held for the benefit of the candidates who fail for the first time.

(2) Deserving nurse pupils who have failed twice in the entrance examination will be permitted to appear for the third time after, after undergoing three months training at their own cost.

RULE 6 : *Course of training and syllabus and contract period of Service*—

(*a*) The course of training for nurse pupils shall not exceed 3 ½ years as show below. The Nurse Pupils will be taught as per the syllabus prescribed by the Indian Nursing Council (Annexure 2 to these rules).

Women Nurse Pupils—

The duration of the course shall be 3½ years 3 years ir General Nursing and 6 months in Midwifery.

Women pupils who join the Government Kasturba Gandhi Hospital for Women and Children, Madras for training will be sent to the Government General Hospital, Madras for a period of not less than six months for undergoing training in Men Wards.

Note.—Auxiliary Nurse Midwives personnel who meet the entrance requirement of the course may qualify as Nurse Midwives by undergoing a period of training in School Nursing as follows.—

1. *Health Visitors.*—2 years in General Nursing.
2. *Auxiliary Nurse Midwife.*—2½ years in General Nursing and 3 months in Midwifery.
3. *Midwives* (*Advanced Grade*),—2½ year in General Nursing (I.N.C. Regulation—Admission of students).

MEN NURSE PUPILS.

Three years in General Nursing and six months training in Psychiatry in a Government Mental Hospital.

(*b*) At end of the 3rd year, women and men nurse pupils who pass the final qualifying examination in General Nursing will be required to attend one of the recognised Hospitals for Women and Chidren and Mental Hospital, respectively for a petiod of six months and pass the examination in Midwifery and Psychiatry respectively. They may then be called upon in necessary by the authorities (which expression shall include the Government of Tamil Nadu or any Officer or authority acting under their orders) to serve as nurse in hospitals for a period of three years and shall serve accordingly if so required provided orders appointing them as nurses are issued within six months from the date of completion of their training

Candidates may be allowed to seek employment elsewhere if the employment scheme are not provided to them by the Government within six months from the date of completion of their training.

If a Woman Nurse Pupil has passed the examination in Midwifery before under going the course in General Nursing she shall not be required to attend a hospital for Women and Children for training in Midwifery.

Note.—Services if any as nurse will not be part of the training but will be subsequent to the successful completion of the training.

RULE 7 : *Medium of Instructions.*—The medium of instruction will be English.

RULE 8 : *General discipline.*- Nurse pupils must conform to the rules and regulations of the hospitals in which they are undergoing training.

For purposes of discipline pupils nurses will be under the immediate control of Nursing Tutor and Nursing Superintendent subject to the general control of the Dean or the Superintendent of the Hospital.

RULE 9 : *Stipends and allowances.*- The nurse pupils shall be paid stipend (which includes dhoby, uiform and ration allowances) at the rates fixed by Government from time to time.

RULE 10: *Accommodation and other concessions.*- Woman Nurse Pupils will be provided with rent, free quarters on or near the hospital to which they are attached and they should be residential. Quarters will be made aailable for Men Nurse Pupils whereever possible but no house rent allowance in lieu thereof will be granted. Men Nurse Pupils provided with quarters will be eligible for free supply of electricity and other concessions admissible to Women Nurse Pupils.

RULE 11 : *Leave.*- (*a*) Nurse Pupils may be granted leave of absence at the rate of one month for every eleven months of training undergone, but not more than one month at a time or three months in all during their period of three years training and fifteen days during the period of training in Midwifery in the case of Women Nurse Pupils and fifteen days during the period of training in Psychtary in the case of Men Nurse Pupils. Men and Women Nurse Pupils during their period of training is Psychiary and Midwifery respectively, may in addition be granted for special reasons leave on private affairs without stipends and allowances up to a maximum of fifteen days which may be combined with leave with stipends and allowances and period of such leave will be reckoned as part of the training. Nurses posted to serve their contract duty may be granted leave as per Tamil Nadu Leave Rules, 1933. The period of leave on loss of pay will not be counted for contract duty and their period will be extended as contract period. The stipend referred to in Rule 9 will be drawn and paid to them during the leave, the leave period, stipend and allowances being fixed at the average of the emoluments during the proceeding 12 months. The period of such leave will be reckoned as part of the training.

NOTE.- Proceeding 12 months occurring in Rule 11-

(*a*) May be taken to mean 12 complete months proceeding the event.

(*b*) Nurse Pupils may also be granted extraordinary leave without stipends or allowances on Medical Certificate for six months in all up to a maximum of two months at any one time during the period of their training. Such leave may be combined, with earned leave but the total amount of leave so combined admissible at any one time shall be limited to three months.

If a Nurse Pupil who is granted the maximum leave accordingly to this rule is unable to resume duty on the expiry of the leave his/her training shall be terminated.

(*c*) A Nurse Pupil who is granted extraordinary leave without allowances will not be permitted to count such leave towards the prescribed period of training. The Nurse Pupil will undergo the extra training for the period covered by such absence and continue his/her training until the next Board of Examination.

(*d*) Nurse pupils may in addition be granted sick leave with stipends and allowances for a period of fifteen days for every twleve months of training undergone by them. This may be accumulated in exceptional circumstances. It will be granted only to those who are admitted in sick rooms or wards of hospitals.

RULE 12 : *Re-admission of candidates who have proceeded on long sick leave.*- If a Nurse Pupil proceeds on leave on account of ill health and his/her training is terminated with reference to Rule 11(d) such a pupil may be readmitted by the Director of Medical Education, Madras for training on production of a Medical Fitness Certificate from the Medical Officer under .. whom he was undergoing treatment. On such re-admission the pupil may be created with such propertion of previous training as the Director of Medical Education considers advisable.

RULE 12 : *Board Examination.*- Examination in General Nursing will be held in the months of June and December and examination in Midwifery and Psychiatry will be held in the months of March, June, September and December of each year. The actual date on which the examination commences will be published in the *Tamil Nadu Government Gazette.*

A Nurse Pupil should appear for the first part of the examination held after completion of one year's training and before the eighteenth month and for the final qualifying examination completion of a further period of eighteen months training subsequent to passing the part of the examination and three years training in all.

The training referred to above will not include any period during which the Nurse Pupils may be remanded for further study through failure to pass the prescribed examination.

RULE 14. *Remand and dismissed.*—(*a*) A Nurse Pupil who fails to passs the first or second part of the examination after the prescribed period of training will be remanded for six months. If she/he fails for the second time she/he will be discharged from the training. However she/he will be permitted to appear for the examination for the third time by the Director of Medical Education after undergoing training for a period of six months at her/his own iexpense.

(*b*) A Woman Nurse Pupil who fails to pass the examination in Midwifery in her first attempt will be remanded for three months. If she fails for a second time, she will be discharged from training. However she can be permitted to appear for the examination for the third time by the Director of Medical Education after undergoing training for a period of three months at her own expenses.

A Man Nurse Pupil who fails to pass the examination in Psychiatery in his first attempt will be remanded for three months. If he fails for the second time, he will be permitted Director of Medical Education to appear for the examination for the third time, after undergoing training for a further period of three months at his own expense.

(*c*) The stipends and allowances payable to Nurse Pupil will not be affected by failure to pass the first or final examination in General Nursing at the first chance. Similarly in the case of women and men nurse pupils the stipend and allowances payable will not be affected by failure to pass the examination in Midwifery and Psychiatry respectively at first chance.

RULE 15. *Dress.*—Nurse Puis shall wear white uniform when on duty (*vide* Annexture III). First Year Nurse Pupils shall provide uniform at their own cost till they have completed their three months preliminary training.

RULE 16. *Appointment not guaranteed.*—Nurse Pupils who successfully complete their training and obtaine their certificates will be eligible for appointment as nurse and they should register themselves with the Tamil Nadu Nurses and Midwives council immediately. Appointment cannot be guaranteed to all or any of the successful candidates. Recruitment will be made by the Director of Health Services and Family Planning, in accordance with the Tamil Nadu Medical Subordinate Service Rules.

RULE 17.—*Resignation.*—(1) A Nurse Pupil leaving before the completion of the period of agreement or during the extended period of under Rule 14, on any account except ill health (which should be certified by the Superintendent of the Hospital) shall give one month's previous notice in writing to the Nursing Superintending or Nursing Tutor.

(2) The Nurse Pupil shall refund the stipend and allowances drawn during the period of Straining provided that if the Nurse Pupil has drawn such stipend and allowances for more than six months, only the stipend and allowances drawn for the last six months shall be refunded.

(3) The Nurse Pupil shall also refund any uniform allowance received within six months prior to the date on which the Nurse Pupil leaves the hospital.

(4) If the Nurse Pupil gives one month's notice as required by sub-rule (1) no stipend and allowance shall be paid to the Nurse Pupil during the period of notice.,

(5) If the Nurse Pupil fails to give the notice required by sub-rule (1) of if the notice given falls short of one month, the Nurse Pupils shall pay the Government by way of penalty in addition to the amount referred to 8n sub-rules (2) and (3) a sum equal to the stipend and allowances for two months at the rates admissible at the time of leaving.

(6) If a Woman Nurse Pupil marries before the completion of the training, she shall be deemed to have left the training school without notice and she shall be liable to the penaltics mentioned in sub-rules (2), (3) and (5).

RULE 18. *Re-Employment of dismissed pupils.*—No Nurse Pupil who has been discharged or dismissed from a hospital on account of misconduct or inefficency shall be re-employed in any other Government Hospital in the State

RULE 19. *Power to amend or alter the Rules.*—The Government reserve to themselves full power to add or to amend these rules without notice in such manner as they may consider necessary

ANNEXURE I.

Form A.

FORM OF APPLICATION FOR ADMISSION INTO TRAINING SCHOOL FOR NURSES IN THE TAMIL NADU GOVERNMENT HOSPITALS.

(This form should be filled up by the candidates in his/her own handwriting and sent to the President, Committee for the Recruitment of Nurses, Government General Hospital, Park Town. Madras-3 *with all the documents.*)

1. (*a*) Name in full (block letters) Thiru Selvi/ Thirumathi :

(*b*) Full postal address to which communications should be sent (block letters)

2. Are you single, married, widow or a divorcee. If a divorcee legal certificate about the separation should be enclosed.

3. If a widow, have you any children, if so their age:

4. Age last birthday .. .. ..

NOTE.—Date of birth entered in the School Register/S.S.L.C. Book should be given and the corresponding date of birth according to the Christian era where it is not entered in the school certificate.

5. (*a*) Height :

(*b*) Weight :

6. (i) (*a*) Where educated ?

(*b*) What Educational qualificatio do you possess ? — P.U.C. Passed/Failed S.S.L.C. Passed/Faile Completed/Appeared for the first time.

(*c*) Matks in Tamil : per cent

(*d*) Marks in English : percent.

(i) (*a*) Do you possess any of the following qualification:—

(i) Health Visitor.

(ii) Auxiliary Nurse Midwife.

(ii)i Advance Grade Midwifery.

(iv) Midwifery in Vernaculatr.

If so, furnish the year of emcompletion of

If so, furnish the year of ecompletion of training and institution where trained (copy of the certificate should be furnished).

(*b*) Whether you have been dismissed from Nurses Training at any time before this?

7. Are you in good health ?

8. Your present occupation .. .. ..

9. Where, if any, was your last Institution ?

10. Name and address of two persons other than relatives for reference. If you have been previously emplov d,one of these should be your last employer.

11. What is the name,addresse and coccupation of your guardian. Also state your relationship with him or her.

12. State community to which you belong, Community Certificate should be produced only in the case of Backward, Most Backward Class and Scheduled Castes and Scheded Tribes.)

13. Whether a subject of this State or not:

Nativity Certificate should be signed by the Revenue authorities not lower in the rank of Deputy Tahsildar and should be enclosed with the application.

14. Training centre you wish to join :

I solemnly declare that the above statements are correct.

Signature of the Candidate.

Station :

Date :

Signature of the Parent/Guardian of the above Candidate.

Form B.

CERTIFICATE OF PHYSICAL FITNESS.

N.B.- This certificate should be signed by a Medical Officer not below the rank of Civil Assistant Surgeon Class I/Honorary Assistant Officer.

1. Name of the applicant :
2. How long have you known him/her?
3. Has he/she any organic disease?
4. What is the condition of his/her (*a*) Lungs :
(*b*) Heart :

5. Are his/her sight and hearting good? Has he/she any squint?

6. Is there any history of past illness? If so, what?

7. Is he/she free from all deformities such as flat foot, curvature of spine, etc.?

8. Is there any reason to suppose that he/she will not be able for physical reasons to take the course of training for a nurse and do the practical work that will be required of him/her.

9. Weight :

10. Skin :

11. Any other defects :

Signature :

Place :

Rank :

Date :

Designation :

Form C.

CERTIFICATE OF NATIONALITY.

This is to certify that.. son/daughter of...is a native of...Village ....Taluk in the Tamil Nadu..State and is a subject of the Indian Republic.

Place :

Signature

Date

Rank :

NOTE. This certificate is to be signed by an officer of the Revenue Department not lower in rank than a Deputy Tahsildar or Stationery Sub-Magistrate.

COMMUNITY CERTIFICATE.

This is to certify that Selvi/Thirumathi/Thiru ....
daughter/son of ....residing at....................
belongs to...community which is
classified as...Caste/Class..................
S.No. (............................)under the Tamil Nadu Educational Rules.

Office Seal :

Signature :

Designation

Station :

Date :

ANNEXURE II.

(*Vide rule* 6.)

The course of professional study of and examinations for Nurse pupils will be in accordance with the Indian Nursing Councils syllabus and regulations subject of the approval of the Tamil Nadu Nurses and Midwives Council.

ANNEXURE III.

(*Vide rule* 15.)

UNIFORM—WOMEN.

Dress of white long cloth to be made all in one 12 inches from ground with 4 inches hem, sleeves, straight reaching with 2 inches hem to elbow. Collars to turn down all round of same material 2½ inches deep.

Aprons. White long cloth to reach to hem of dress. Round bib reaching to neck in front cross over straps at back pockets.

Waist-belts.—White long cloth or linen 2½ inches deep. Two studs or button holes to faster.

Caps.—White long cloth 2 inches turn up all round brim.

Shoes and stocking.—White shoes low heeled—White stockings.

Badges.—According to rank.

Nurse pupils are permitted to wear either

(*a*) dress as prescribed for all nurses, or

(*b*) sarees if prefered, of white mull and white bodies (made of long cloth short sleeves to elbow turning back 2½ inches).

But they must in any case wear cap, belt and apron as prescribed.

N.B. The above uniform should be worn by all nurses employed in Government Hospital in this State · Sisters of religious orders employed as Nurses are however allowed to wear the Uniform of their order.

UNIFORM—MEN.

White trousers, white bush shirts with epaulette, white shoes, caps white and badges according to rank.

(*Vide Rule* 5, Section *A.*)

Form of Agreement to be executed by the Women Nurse Pupils Trained in Government Hospitals in the State of Tamil Nadu.

ARTICLES OF AGREEMENT made and entered into this day of 19 between the FIRST PART the Governor of Tamil Nadu hereinafter called the Government which expression shall when the context so admits include his successors in office and assigns of the SECOND PART whereby each of the parties hereto so far as the covenants and conditions on his own part are to be observed and performed covenants with the other of them as follows:

1. The said mòre will of her own free will and consent well and faithfully undergo the course of training prescribed by the rules for the training of Women Nurses in Government Hospitals at the schools attached to such hospitals and will use her best endeavours to pass the prescribed examinations namely the first part of the examination, after the completion of one years' training and the final qualifying examination on the completion of three years training.

2. The said will on passing the final qualifying examination in General Nursing attend a recognised hospital for women and children for six months for training in Midwifery and pass the examination, if she has not already pass Midwifery before undergoing training as a Nurse. After passing the examination she will, if so, required by the authorities (which expression shall include the Government of Tamil Nadu or any officer of authority acting under their orders), serve as a Nurse for a period of three years in any hospitals provided orders appointing her as a Nurse are issued within six months from the date of completion of her training:

Provided that the said has passed the Examination in Midwifery prior to undergoing the course of training as a Nurse, she shall not be required to attend any such hospitals for training in Midwifery but shall not be required to attend any such hospital for training in Midwifery but shall instead, if so required by the authorties aforesaid serve as a Nurse for a period of three years, provided orders appointing her as a Nurse are issued within six months from the date of completion of her training in General Nursing.

In the event of the above bounden fails or refuse to serve the Government if called upon to do so, on completion of the training, for a period of three years from the date of offer made by the Government within six months from the date of her completion of the training she shall forthwith refund to the Government on demand all the money paid to her as stipend and allowances during her entire training period.

In the case, if she married before the completion of the first six months, of the three years contract period, she shall be deemed to have left the service without notice and she shall refund to the Government the stipends and all other allowances paid to her during her entire training period. If she has rendered any service during her contract period, she shall refund to the Government the proportionate amount for the remaining unserved period of contract of three years.

Should the said tender her resignation during the period of three years contract, after having served for certain period, she shall refund to the Government the proportionate amount of stipends and allowances paid to her during her entire training period, for the remaining unserved period of contract of three years.

The proportionate amounts referred to above shall be calculated in term of actual completed months of service rendered by her and not by days:

Provided further that the said is granted leave without pay and allowances during the period of contract service of three years, the period of contract service shall where necessary be extended by the period for which the term is granted leave without pay and allowances provided also that the period of training of the said shall be extended by the period for which a Nurse pupil was granted extra ordinary leave without allowances during her entire training period.

If the said shall join the Government Kasturba Gandhi Hospital for Women and Children, Madras for training she will be sent to the Government General Hospital, Madras for a period of not less than six months for undergoing training in Men Wards.

3. The said will during the said course of training and service observe and obey all lawful orders issued by and in all matters of discipline be subject to the Nursing Superintendent and Nursing Tutor in-charge of the Nursing arrangements for the time being in the hospital to which she is attahced subject in all cases to the genarel control of the Superintendent for the time being of the Hospital.

4. The Government of Tamil Nadu (hereinafter called the Government) shall:

(i) Educate the said free at the Government Hospitals at which training schools for women nurses exist; and

(ii) Grant the said consolidated stipend (which includes Dhoby, Uniform, Ration allowances, etc.,) at the rate fixed by Government from time to time.

5. The said will present herself for the first part of the examination to be held in June and December in each year after the completion of one year training and for the final examination on completion of a further period of eighteen months training subsequent to passing the first part of the examination and three years in all. In case of failure to pass the first part of the examination she will be remanded for a period of six months. If she fails for a second time she will be dismissed. In the final examination she will be allowed two attempts to pass it and be dismissed if she fails. The consolidated stipend payable to her will not be affected by her failure to pass the first of the final examination at the first chance.

She will also present herself for the examination in Midwifery after undergoing training Midewifery for a period of six months. If she fails in her first attempt she will be remanded for a period of three months. If she fails for a second time, she will be dismissed. The stipend or allowances to her will not be affected by her failure to pass the examination at the first chance.

6. (*a*) The Dean/Superintendent of the Hospital shall be liberty to rescind this agreement on accont of the said leaving the said training school before the completion of the said course on account of negligence or failure to attend to duty, idleness or insubordination or misconduct on the part of the said and to dismiss her from the said school as aforesaid.

(*b*) The Government shall also at liberty during the period of this agreement at any time or from time to time to revise the rates of stipend and allowance herein before fixed.

(*c*) Without prejudice to the rights of the Government herein before set forth, it shall be lawful for the Dean/Superintendent of the hospital to stop the stipend and allowances except ration allowance or to reduce the consolidated stipend allowances payable to the said in such a manner as he/she shall fit for any unsatisfactory conduct or work; the decision of the Dean/ Superintendents of the hospitals shall be final.

7. Should the said desire to leave the training school before the completion of period of training or duration the extended period thereof under clause (5) on any account except ill health (which should be certified by the Superintendent of the hospital) she shall give one month's previous notice in writing of such desire to the Nursing Superintendent or Nursing Tutor of the hospital. Before leaving she shall refund all stipend and allowance drawn by her during the period of training, provided that she has drawn such stipend and allowances drawn by her during the period of training, provided that she has drawn such stipends and allowances for a period of more than six months, she refunds only the stipend or allowances drawn for the last six months. She shall also refund any uniform allowances received within six months prior to the date on which she leves the hospital.If she gives one months notice as a foresaid no stipend and allowance shall be paid to her during that period.If she fails to give such notice or if the notice given falls short of one month, she shall pay the Government by way of penalty in addition to the refund afore mentioned a sum equal to the stipend and allowances for two months at the rate admissible at the time of leaving. Failing such refund and payment the amount due shall be recoverable as if it were an arrear of land revenue.

8. Should the said marry before the completion of the training herein before provided she shall be deemed to have left the training school without notice and shall be subject to the penalties herein before provided.

I WITNESS WHEREOF the said and Dean/Superintendent acting for and on behalf of and by the order and direction of the Governor of Tamil Nadu, have hereunto set their hands the day and year first above written.

Signed by the above named in the presence

First witness.	*Second witness.*
Name :	Name :
Address :	Address :
Occupation :	Occupation :

Signed by the above named in the presence of

First witness.	*Second witness.*
Name :	Name :
Address :	Address ;
Occupation :	Occupation :

SECTION B.

Form of Agreement to be executed by the Men Nurse Pupils Trained in Government Hospitals in the State of Tamil Nadu.

ARTICLES OF AGREEMENT made and entered into this day of 19 between the FIRST PART, the Governor of Tamil Nadu hereinafter called the Government which expression shall when the context so admits include his successors in office and assigns of the SECOND PART whereby each of the parties hereto so far as the covenants and conditions on his own part are to be observed and perfoimed covenants with the others of them as follows:—

1. The said will of his own free will and consent well and faithfully undergo the course of training prescribed by the rules for the training of nurses in Government Hospitals at the attached to such hospitals and will use his best endeavours to pass the prescribed examinations namely the first part of the examination after the completion of one year's training and the final qualifying examination on the completion of three years training.

2. The said will on, passing the final qualifying examination in General Nursing undergo training in a Mental Hospital for six months and thereafter shall if so required by the authorities (which expression shall include the Government of Tamil Nadu or any Officer or authority acting under their orders) serve as a Nurse in a hospital for a period of three years, if so required Provided orders appointing him as a Nurse are issued within six months from the date of completion of his training. In the event of the above bounden fails or refuses to serve the Government if called upon to do so, on completion of the training for a period of three years from the date of offer made by the Government within six months from the date of his completion of training, he shall forthwith refund to the Government on demand all the moneys paid to him during his entire training period in the way of stipend and allowances.

Should the said tender his resignation or want to leave the service during the period of three years contract, after having served for certain period, he shall refund to the Government the proportionate amount of stipends and allowances paid to him during his entire training period, for the remaining unserved period of contract of three years.

The proportionate amount referred to above shall be calculated in terms of actual completed months of service rendered by him and not by days. Provided further that the said is granted leave without pay and allowances during the period of contract service of three years the period of contract service shall where necessary be extended by the period for which the person is granted leave without pay and allowances.

Provided also that the period of training of the said shall be extended by the period for which a Nurse pupil was granted extra ordinary leave without allowances.

3. The said will during the said course of training and service observe an obey all lawful orders issued by in all matters of discipline be subject to, the Nursing Superintendent and Nursing Tutor in-charge of the nursing arrangements for the time being in the hospital to which he is attached subject in all cases to the general control of the Superintendnet for the time being of the hospital.

4. The Government of Tamil Nadu (hereinafter called the Government) shall—

(i) Educate the said free at the Government Hospitals at which training schools for nurses exist.

(ii) Grant the said consolidated stipend (which includes Dhoby, Uniform and Ration allowances, etc.) at the rate fixed by Government from time to time.

Uniform allowance will be admissible only after three months satisfactory completion of preliminary training for the first year and in advance for subsequent year.

The said will also be provided wherever possible with rent free quarters in or near the hospital to which he is attached but no house rent allowance will be granted in lieu thereof:

Provided that the said will present himself for the first part of the examination to be held in June and December in each year after the completion of the one year's training and for the final examination on completion of a further period of 18 months training subsequent to passing the first part of examination and three years in all. In case of failure to pass the first part of examination, he will be remanded for a period of six months. If he fails for a second time, he will be dimissed. In the final examination he will be allowed two attempts to pass it and dismissed if he fails. The stipend and allowances payable to him will not be affected by his failure to pass the first or the final examination at the first chance. He will also present himself for the examination in psychiatry after undergoing training in psychiatry for a period of six months. If he fails to pass the examination in his first attempt he will be remanded for a period of three months. If he fails for the second time he will be permitted to appear for the examination for the time after undergoing training for a further period of three months at his own expenses.

5. (*a*) The Dean/Superintendent of the Hospital shall be at liberty to rescind this agreement on account of said leaving the said training school before the compleion of the said course on account of negligence or failure to attend to duty, idleness or insubordination or misconduct on the part of the said and to dismiss him from the said school as aforesaid.

(*b*) The Government will be at liberty during the period of this agreement at any time or from time to time to revise the rates of stipends and allowances herein before fixed.

(*c*) Without prejudice to the rights of the Governments herein before set forth it shall be lawful for the Dean/Superintendents of the hospital to stop the stipend and all allowances except ration allowance or to reduce the rate of stipend and all allowances payable to the said in such manner as he/she shall think fit for any unsatisfactory conduct or work of the said as to which unsatisfactory conduct or work, the decision of the Dean/Superintendent of the hospital shall be final.

6. Should the said desire to leave the training school before the completion of the period of training on any account except ill health (which should be certified by the Superintendent of Hospital) he shall give one month's previous notice in writing of such desire to the Nursing Superintendent or Nursing Tutor of the hospital. Before leaving he shall refund all stipend and allowances drawn by him during the period of training, provided that if he has drawn such stipend and allowances for a period that of more than six months, he shall refund only the stipend and allowances drawn for the last six months. He shall also refund any uniform allowances received within six months prior to the date on which he leaves the hospital. If he gives one month notice as aforesaid, no stipend or allowances shall be paid to him during that period. If he fails to give such notice or if the notice given falls short of one months, he shall pay the Government by way of penalty in addition to the refunds afore mentioned a sum equal to the stipend and allowances for two months at the rate admissible at the time of leaving. Failing such refund and payment the total amount due shall be recoverable as if it were an arrear of land revenue.

IN WITNESS WHERE OF the said Dean/Superintendnet and acting for and on behalf of and by the order and direction of the Governor of Tamil Nadu have hereunto set their hands the day and year first above written.

Signed by the above named in the presence of—

First witness.	*Second witness.*
Name :	Name :
Address :	Address :
Occupation :	Occupation :

Signed by the above named in the presence of—

First witness.	*Second witness.*
Name :	Name :
Address :	Address :
Occupation :	Occupation :

SECTION C.

Form of bond to be executed by the father or guardian of a Nurse Pupil for Nurses training in Government Hospitals in the State of Tamil Nadu.

KNOW all men by these presents that I.. and son of resident at..and held and firmly bound upto the Governor of Tamil Nadu which expressions shall when the context so admits include his successors in office and assigns in the sum of rupees.................................. to be paid to the Government of Tamil Nadu (herein after called "the Government") for which payment well and truly to be made, I bind myself my heirs excutors administrators and legal representatives firmly by these presents.

Sealed with my seal this day of 19 whereas on has been selected to undergo a course of training prescribed by the rules for the training of Women/Men Nurses in Government Hospitals at the schools attached to such hospitals.

AND WHEREAS the above bounden has agreed to stand father/guardian of the said surety for the due payment by the said of the monthly that may become due and payable to the Government if the said leaving the training school or the service of the Government before the completion of the prescribed period on any account except ill health (which should be certified by the Superintendent of the hospital) or should she marry before completion of the prescribed period.

Now the condition of the above written bond is such that if the said leave the training school or service of the Government before completion of the prescribed period on any account except ill health (which should be certified by the Superintendent of the hospital) or should she marry before completion of the prescribed period, the above bounden shall within the space of one calendar month next after receiving a notice in writing from the Dean/Superintendent/Director of Medical Education, Madras demanding payment of the specified therein well and truly pay or cause to be paid to the Government the sum or sums of money stated in the said notice. Then the above written bond shall be void and of no effect, otherwise the same shall remain in full force and virtue.

Signed and sealed by the above named in the presence of—

First witness.	*Second witness.*
Name :	Name :
Address :	Address :
Occupation :	Occupation :

NOTE —From the bonds obtained from male nurse pupil omit the words "or should she marry before completion of the prescribed period" in both the places where they occur in the bond from

APPENDIX VIII.

PART II.

RULES RELATING TO THE CONDUCT OF BOARD EXAMINATION IN GENERAL NURSING.

The examination Board (hereinafter referred to as the Board) for the conduct of qualifying examinations in General Nursing shall consists of the following persons namely :—

(1) Director of Medical Education—*Chairman.*

(2) Dean, Government General Hospital, Madras—*Deputy Chairman.*

(3) Members to be nominated by the Director of Medical Education. Members will hold office for a period of two terms (one year) at a time.

2. *Qualification of Members as Examiners.*

(*a*) *Medical Officers.*—Examiner should be one who/is directly concerned with the teaching of Nurses.

(*b*) *Nursing Staff.*—Examiners should possess post certificate diploma or degree in Nursing and the Nursing Tutors, should have had two year's minimum teaching experience.

Practical examiners shall be Nursing Tutors, Nursing Superintendents or Head Nurses who have a minimum of two years of service in teaching or supervision after post-certificate qualification.

NOTES.—1. Practical Examiners shall be Nursing Tutors, Nursing Superintendents or Head Nurses. Except Nursing Tutors, other Nurse Examiners (Nursing Superintendents and Head Nurses) will be internal examiners (i.e.), External Nurse Examiners will always be Nursing Tutors from other Nurses Training Schools.

2. Nursing Superintendents in charge if Nurse Training School Hospitals could also be Co-examiners in view of their long experience even if they do not posses post-certificate qualification.

3. The period of absence of the examiners during the examination shall be treated as duty. But the examiners shall not be eligible for Daily Allowance or Travelling Allowance since they are paid remuneration.

4. The Deputy Chairman may in additionto the members specified in rule 1 co-opt other persons to serve as Members" of the Board in case of emergency.

5. The Deputy Chairman may in addition to the duties expressly assigned to him as such assist the Chairman in the business part of the examination.

3. *Examinations.*—Examination shall be held in two parts, viz., Part I and Part II.

Part I in the last week of May/November of each year.

Part II in September/March of each year.

4. *Part I—Eligibility to appear for Part I Examination.*—(*a*) Candidates should have completed not less than 11 months of the course and his total performance during that period has been satisfactory.

(*b*) Candidate should have attended not less than 75 per cent of the formal instruction given in each subject in the school of nursing.

(*c*) Candidate should have passed practical examination in Nursing conducted by the school in which he/she is studying.

NOTES—(a) Practical Examination should be conducted one month in advance of the written Examination in April and October of each year.

(*b*) Candidate's record of practical experience should be duly completed.

5. There shall be three terminal examinations in the first year (i.e., every three months i.e., by the end of 3rd, 6th and 9th months). There shall be practical examination in the 10th month. The students should get 50 per cent of marks (aggregate total) in the three terminal examination and practical examination conducted by the schools.

NOTE.—The first terminal examination may be considered as a preliminary examination. (If a nurse pupli fails in this examination another chance may be given to pass the examinations during the next month 4th month) If he/she fails for the second time his/her training may be terminated.

6. There shall be three subjects for Part I Examination viz.—

1. Elementary Nursing.
2. Anatomy and Physiology.
3. Community Health.

The conduct of the above examinations shall be as follows :—

Subject.	*Set by.*	*Hour.*	*Marks.*	*Minimum marks required to pass.*
(1)	(2)	(3)	(4)	(5)
(i) Elementary Nursing ..	.. Senior Nursing Tutor ..	3	100	50 per cent.
(ii) Anatomy and Physiology	.. Nursing Tutor	3	100	Do.
(iii) Community Health ..	.. Public Health Nursing Tutor	3	100	Do.

Written examination shall consist of three papers as follows :—

1. Medical Surgical Nursing.
2. Medical Surgical Nursing Specialities.
3. Community Nursing and Child Nursing.

The conduct of the above examination shall be as follows :—

Subject.	*Set by.*	*Hours.*	*Marks.*	*Minimum required to pass.*
(1)	(2)	(3)	(4)	(5)
1. Medical Surgical Nursing	2 Medical Officers, viz., one Surgeon and one Physician and	2	60	50 per cent.
	one Nursing Tutor.	2	40	

NOTE.—This paper shall be divided into three parts.

(a) Set by a Physician—30 marks —1 hour
(b) Set by a Physician—30 marks—1 hour. } 2 hours session.

(c) Set by a Nursing Tutor—40 marks —(Another session of 2 hours).

(a) Medicine—Two questions to be answered out three of questions, 15 marks each.

(b) Surgery—Two questions to be answered out of three questions, 15 marks each.

(c) Medical Surgical Nursing, Four questions | First question 20 marks compulsory.
| Two questions to be answered out of remaining 3 questions | plus 10 marks each.

50 per cent of aggregate total must be secured for a pass.

II. Medical Surgical Nursing Specialities including Psychiatric.	Nursing Tutor	3 hours.	100 marks.	50 per cent.

Five questions to be answered out of six questions, 20 marks each.

III. Community Nursing and Child Nursing including Maternal and Child Health.	Public Health Nursing Tutor.	3 hours.	100 marks.	50 per cent.

Four questions to be answered out of five questions, 25 marks each.

NOTE.—(1) Family Planning subject should be compulsory included in community Nursing and Child Nursing.

(2) Valuation of third paper (Community Nursing and Child Nursing) shall be made by the Public Health Nursing Tutor or Public Health Nurse attached to a Nursing School.

7. *Practical Examination in Nursing.*—Practical Examination shall be conducted at the Students own school of Nursing and as far as possible in an actual situation in the Hospital. Candidates should get 50 per cent marks to Pass.

8. There shall be five questions in each paper as follows :—

First question Compulsory.

Three questions from the remaining four are to be answered

NOTE.—(1) Compulsory questions shall be Essay type. Of the remaining four questions, two shall be objective type and two shall be Essay type. Each question carries 25 marks.

(2) The valuation of Community Health answer papers shall be made by the Public Health Nursing Tutors, or Public Health Nurses attached to the Nurses Training Schools.

9. *Number of attempts.*—The maximum number of attempts by the nurse pupils for Part I Examination shall be limited to three with the following conditions :—

If a candidate fails in one subject out of three subjects he/she appear only for that failed subject in this second attempt. If he/she fails in second attempts also he/she shall appear for all the three subjects in the next examination. If a candidate fails in two or three subjects he/she appear for all the three subjects in the next examination. If he/she fails in the third attempts in any subject he/she shall be discharged from the training.

NOTE.—If the candidate fails in only one subject he/she proceed to the second year course. But he/she should appear in the failed subject in the next examination. But if he/she fails in his/her second attempts he/she will remain as first year senior student and appear for all the subjects for the third time.

10. *First Aid.*—Nurse Pupils shall pass the first aid examination conducted by the St. John Ambulance any time before they appear for Part II Board Examination.

11. *Eligibility to appear for Part II Board Examination.*—Candidates should have completed Part I Examination and should have completed not less than 15 months of training after passing Part I Board Examination. Period of training should be reckoned up to the 30th September and 31st March of each year, Health Visitors can appear for final examination after two years of training and Auxiliary Nurse Midwives and Midwives after two and half years of training. There shall be written and practical examinations. Written examination shall be conducted after two years and nine months training followed by practical examination. Practical Examination shall be conducted in the school where the candidates studied.

NOTE.—(1) Complete Training Centres alone shall be Examination Centres Students from other schools may be sent to the nearest Examination Centre.

(2) When a private training school wants that its trainees should be examined in its own school it should provide the Travelling allowance and accommodation facilities for the examiners.

(3) Examinations shall be so devised to require not only factual answers but also test the students in the practical application of underlining principles. There shall be a choice of question in all papers.

Marks.—For each paper, the marks required for passing shall be 50 per cent and for the Practical examination 50 per cent 70 per cent of the total marks is required for Distinction.

12. *Examiners for Practical Examination.*—There shall be two examiners (viz., one Internal and one External). Both the examiners shall jointly examine each student. The number of students to be examined per day shall be 15 to 20; the maximum number of students to be examied by an examiner shall be not exceed 100.

The examiners shall submit the practical examination mark list duly signed by both examiners to the Deputy Chairman, Examination Board for Nurses, before they proceed to the next centre.

13. *Valuation.*—The number of answer paper distributed to one Nursing Tutor shall be limited to a maximum of 100. Nursing Tutors shall not ordinarily value their own school papers.

14. *Number of attempts.*—The maximum number of times a Nurse pupil can appear for Part II Examination shall be limited to five subject to the following conditions :—

A candidate shall appear in the failed subject only if he had failed in only one subject in the second attempts and in the fourth attempt. The candidates shall appear in all subjects in the third and fifth attempts. The candidates shall appear in all the subjects in the next examination if he fails in more than one subject.

Attendance is necessary in the second and fourth attempts that is attendance is not necessary for the third and the fourth attempts and they can appear as private candidates.

A candidate who fail in the practical examination in Nursing in the second (Final) examination of the General Nursing Course should be deemed to have failed in the second examination and she should reappear in a subsequent examination in all the subjects of the second examination and the practical examination. The candidate has to put it hospital attendance for reappearing for the practical examination irrespective of the number of chances she avails herself of subject to the maximum of five attempts.

15. The qualifying examinations shall be conducted twice a year. The actual dates on which the examinations will commence shall be published in the *Tamil Nadu Government Gazette* at least six weeks in advance.

16. *Fees.*—Examination fees shall be collected from the candidates appearing for the qualifying examination in General Nursing as follows :—

Part I.—Rs. 15 for complete Examinations and Rs. 5 if appearing only for one subject.

Part II.—Rs. 20 for complete Examination and Rs. 7 if appearing only for one subject.

Fee once paid shall in no circumstances be refunded.

17. A candidate who intends to appear for the examination shall send atleast four weeks before the advertised date of the commencement of the examination, an application in Form 'A' or Form 'B' as the case may be through the head of the training centre to the Chairman, together with the prescribed fee and a certificate Form 'C' that he/she has undergone the necessary training.

1. The head of each training Institution from which candidates appear for the qualifying examinations, shall furnish for the information of the Deputy Chairman a list of such candidates.

2. There shall be furnished along with such list in respect of each candidates specified therein.

(*a*) Certificate testifying to his/her character, general conduct and his/her ward work and

(*b*) Class room work.

18. If, after having paid the fee and having been accepted as eligible, a candidate is prevented by illness (which should be certified by the Superintendent, Dean of the Hospital) from appearing for or completing such examination, the candidate shall subject to any special circumstances which in the opinion of the Board may disentitle him/her to the concession be admitted without payment of a fee to the examinations immediately following.

19. When a candidate is accepted as eligible to appear for the examination the Chairman shall send to him/her at the address furnished by him/her for the purpose, the "Hall Ticket" permitting him/her to appear for the written, oral and practical examinations. A candidate presenting himself/herself at either examination without the Hall Ticket shall be liable to exclusion therefrom.

20. The Deputy Chairman shall arrange for the printing of the question papers. He shall send the required number of question papers to the Head of the training Institution in a sealed cover. Such cover shall only be opened in the examination room on the date and at the hour appointed for the examination. A responsible person, who is not a member of the teaching staff, shall be appointed by the Head of the Institutions as Hall Supervisor who will see to the discipline in the examination hall. Such person will be responsible for collecting the answer papers and returning them to the head of the Institution in a sealed cover. She/he shall see that the answer papers are despatched on the same day of the examination to the examiners marked.

21. Within a week of the conclusion of each examination or before 30th May/30th November, whichever is earlier, the examiners shall consider the results of the examination and forward the papers with the marks allotted to the Deputy Chairman together with a report.

Part I Board Examiners should send the marks list to the Deputy Chairman before 8th of June and December of each year.

22. The Board meeting shall be held by the 10th June/10th December every year and the results shall be published by the 15th June/15th December every year.

23. The names of the successful candidates shall be published in the *Tamil Nadu Government Gazette* by the Chairman.

NOTE—(1) The Board of examiners shall issue a certificate in Form 'F' to each succcessful candidate.

(2) The rules regarding the issue of duplicate copies are certificates are given in the annexure to these rules.

24. Any candidates, who fails to pass the examination, may be permitted to appear for a subsequent examination after six months, subject to the maximum of three attempts for Part I and five attempts for Part II examinations.

25. The examination fees collected from candidates appearing for the qualifying examinations in General Nursing shall be distributed among the examiners, etc., in the following proportion:—

	Part I. PER CENT.	*Part II.* PER CENT.
Government share	18	12
Purchase of stationery	8	5
Chairman's Office	4	2
(i) Chairman's share	5	3
(ii) Supervisory Assistant	4	4
(iii) Clerical Assistants	6	6
Deputy Chairman's Office—		
(i) Deputy Chairman's Share	5	3
(ii) Supervisory Assistant	4	4
(iii) Clerical Assistants	6	6
Setting of question paper	20	16
Valuation of answer papers	20	10
Practical examination	10	30

FORM A

(*vide* Rule 17.)

Application for the First Part of the Examination in General Nursing to be held in 19

1. Name of candidate (in full) Selvi/Thirumathi/ Thiru (Initials should not be abbreviated) ..

2. Nationality .. ..

3. Trained—

   (i) Place .. ..

   (ii) Period of training
   - From .. ..
   - To .. ..
   - Years .. ..
   - Months .. ..

4. Whether already a qualified Maternity Assistant/ A.N.M./Health Visitors .. ..

   If so, (i) Place of training .. .. ..

   (ii) Period of training undergone ..

   (iii) Certificate No. .. .. ..

   (iv) Registration No. .. .. ..

5. Whether appeared for Part I Examination previously. .. ..

   If so, (i) Date of examinations .. .. ..

   (ii) Subjects in which passed .. ..

6. Number of the present attempt .. .. ..

7. Subjects in which appearing now .. .. ..

Signature of the candidates.

Certificate (to be filled in by the Head of Training Institution) regarding—

(i) Character .. ..

(ii) General conduct .. ..

(iii) General Ward Work .. ..

(iv) Class Progress Report .. ..

Date : 19

Signature of Head of the Training Institution.

FORM B.

Application for the Second Part of the Examination in General Nursing to be held in 19

1. Name of candidate (in full) Selvi/Thirumathi/Thiru (Initials should not be abbreviated) .. ..

2. Nationality .. ..

3. Trained—

   1. Office .. ..

   2. Period of Training | From .. .. ..
   | To .. .. ..
   | Years .. .. ..
   | Months. .. ..

4. Whether already a qualified Maternity Assistant/ A.N.M./Health Visitor.

   If so, (i) Place of training .. .. ..

   (ii) Period of training undergone— ..

   From To

   (iii) Certificate No. .. .. ..

   (iii) Registration No. .. .. ..

5. When sucessfully completed Part I-B examination.

6. Date of issuing the First -Aid Examination conducted by St. John Ambulance Association.

7. Whether appeared for Part II Examination previously.

   If so, (i) Date of examination .. .. ..

   (ii) Subjects in which passed .. ..

8. Number of present attempt .. ..

9. Subjects in which appearing now .. .. ..

*Signature of the **Candidate***

10. Certificate (to be filled in by the Head of Training Institution) regarding—

   (i) Character .. ..

   (ii) General conduct .. ..

   (iii) General ward work .. .. ..

   (iv) Class progress report .. .. ..

Date : 19

*Signature of the **Head** of the **Training Institution**.*

FORM C.

(*Vide* Rule 17.)

Certificate required for a candidate desirous of appearing for the examination (Part II) qualifying for registration as a Nurse.

I...
certify that ....Nurse pupils
at the...for a period
of......................................(viz.) from the..
to the..and that she has attended the lecturers and passed the successive examinations in the subjects prescribed for each of the three year; training and has also spent not less than four months of the period of three years on night duty.

NOTE: F—irst yer Pupil Nurses are not permitted to do duty as per Indian Nursing Council's requiremetns.

I further certify that her general conduct while undergoing training has been...............
.......................and that her character has been.......................................

Signature of Nursing School
In-charge of Nursing.

Name of hospital :

Station :

Date :

FORM D.

[*Vide* Rule 17(1).]

(To be furnished in duplicate).

Statemental regarding Nurse Pupils appearing for the Part I Examination to be held in 19

				In the case of failed candidates subjects already passed in the previous examinations.				Subjects now appearing.					
Serial number.	Name of the candidate. [illegible]	Training period or Training. Place, years and month.	Whether Qualified Maternity Assistant/A.N.M./Health Visitor. Attested copy of the certificate in duplicate should be furnished.	Elementary Nursing.	Anatomy and Physiology.	Community Health.	Month of year of examination in which passed the subjects referred to in column 5(*a*).	Elementary Nursing, Anatomy and Physioloy.	Community Health.	Amount paid for the present examination.	Chalan No. and date and Name of Treasury.	Character, General Conduct—General ward work.	Certificate regarding—Class room work progress report from Nursing Tutor.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
										RS. P.			

FORM "E".

Vide Rule 19 (1)

Statement No. 2. (to be furnished in duplicate).

Statement regaring Pupil Nurses appearing for the Part II Examination to be held in 19

				In the case of *failed candidates* only subjects already passed in the previous examination Part II		Subject appearing now.		Certificate regarding.		
Serial number.	Name of the candidate.	Training period or Training place; Year and Months.	When completed Part Examination month and year of passing out the examination (if completed) by subsequent chances, specify subject, date of passing.	Practical Medical, Surgical, Nursing Specialities—Community Nursing and Child Nursing.	Months and year of examination in which the passed subjects referred to in column 5 (*a*).	Practical (Surgical) (2) Medical Nursing (3) Medical Surgical Nursing, Specialities. (4) Community Nursing and Child Nursing.	Amount paid for the present examination, chalan No. and date, name of Treasury.	Character, General, conduct General ward work, class Room work progress report from the Nursing Tutor.	Government stipendiary candidate or sponsored by private body.	Whether successfully completed midwifery advanced grade/Mid wifery/A.N.M. Training, if so, attested copy of the certificate may be furnished in duplicate.
(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8)	(9)	(10)

FORM 'F'.

(*Vide* Rule 23.)

GOVERNMENT OF TAMIL NADU.

Trained Nurses Certificate.

This is to certify that Thiru/Thirumathi/Selvi.. has been instructed in the Theory and practice of General Nursing in ....Hospital which is a recognised Training School for Nurses for a period not less than three years from .... to ....and that he/she qualified to undertake the duties of a trained nurse. His/Her work has been .... and his/her general conduct ....

He/She has passed the final examination held in .... with.................................... Days condoned—*vide* Director of Medical Education's Proceedings.

Deputy Chairmani,
Board of Examination in General Nursing and Dean, Government General Hospital, Madras.

Nursing Tutor/

Nursing Superintendent,

.... Hospital, Madras.

Chairman,
Board of Examiners in General Nursing and Director of Medical Education, Madras.

Dated................19

ANNEXURE

(*Vide* Rule 25).

Rules for the issue of Duplicate Copies of Certificates in General Nursing Midwifery and Auxiliary Nurse Midwives.

Duplicate copies of certificates in General Nursing may be granted to the candidates applying for them subject to the following conditions:—

A candidate applying for a duplicate copy of a certificate should forward along with the applications:—

(i) A statement of the circumstances under which the original certificate was lost;

(ii) a declaration sworn before Magistrate that the statement in item (i) represents the truth; and

(iii) a certificate of identification signed by two responsible persons to show that the applicant was the person previously in possession of the original certificate.

2. On receipt of the application and other documents mentioned above, the Deputy Chairman, Examination Board for Nurses or Maternity Assistants or Auxiliary Nurse Midwives as the case may be issued duplicate copy of the certificate subject to the following conditions:—

(i) A special form should be used for the duplicate certificate and its colours should be different from that of the original certificate.

(ii) The word 'Duplicate' should be printed in the form in bold capitals in red colour.

(iii) A note should be inserted at the bottom of the form to the effect that the original certificate is reported to have been lost.

3. A separate registers should be maintained showing particulars of duplicate certificate granted and the papers in connection with the duplicate should be preserved as permanent record.

4. A fee of Rupees 5 should be charged for the grant of a copy of the certificate. The fee should be credited in full to State funds.

(G. O. Ms. No. 637, Health and Family Planning, dated 13th March 1975.)

APPENDIX IX.

PART I.

RULES FOR ADMISSION TO THE B.Sc. (NURSING) DEGREE COURSE FOR TRAINED NURSES CONDUCTED AT THE COLLEGE OF NURSING, MADRAS MEDICAL COLLEGE, MADRAS-3.

I. *Qualification for admission.*

Candidates should have passed the S.S.L.C. Examination or Matriculation examination of University of Madras or any other Indian University accepted by the syndicate of the University of Madras or an examination accepted as equivalent thereto by the syndicate and have been declared eligible for admission to a course of study in any University.

NOTE.—Those who have passed an examination of the University other than the University of Madras, must obtain the acceptance of the syndicate before admission into the College. Their admission before recognition of their educational qualification by the University of Madras is at their own risk, as the recognition is entirely left to the discretion of the University.

(2) Candidates should have been registred in conformity with Section 'A' or 'B' or 'F' of the Tamil Nadu Nurses and Midwives Council.

(3) Candidates should have subsequent to registration with the Nurses and Midwives Council, put in a minimum of three years service as Nurse in an approved Teaching Hospital or a District Headquarters Hospital.

(4) Candidates should not have completed 35 years of age on the 1st July of the year of admission (However this rules will be relaxed for deserving service candidates).

(5) Nurses who are serving their contract period, either on first appointment of serving after completing any post graduate course are not eligible.

(6) Candidate should have good personal record as a Professional Nurse.

(7) Candidate should have a good record as a student nurse.

NOTE.—(*a*) Number of seats available is 20. Out of this, 10 seats are reserved for Trained Nurses serving under Tamil Nadu Government on deputation basis and 10 for Trained Nurses serving in Private institutions of Tamil Nadu and other States in India and also for Nurses of Tamil Nadu Government Nursing Service to study at their own expenses.

(*b*) 50 per cent of the seats mentioned above is for Medical and Surgical Nursing speciality and 50 per cent for Public Health Nursing specially.

(*c*) The Course commences on the 1st July of every year.

II. *Duration of the course.*

(1) The curricalam for the degree of Bachelor of Science in Nursing extends to two and a half years, of which the first six months will be pre-registration course.

(2) No candidate shall be permitted to proceed to the course for the degree in Nursing unless he/she passes in all the subjects of the pre-registration examination. No candidate shall be permitted to appear for the pre-registration examination on more than three occasions and within a period of two years but in exceptional cases for valid reasons, if accepted by the University of Madras, the period may be extended by one year. However, a candidate will not be permitted to appear for more than three times.

III. *Fees.*

(*a*) For private candidates—

Tuition fee (pre-registration course)—Rs. 100.
First year course—Rs. 200.
Second year course—Rs. 200.
Library Fee—Rs. 10 per annum.
Athletic fee—Rs. 8 per annum.
Registration fee—Rs. 5 per annum.
Caution Deposit for the entire course (which will be refunded at the end)—Rs. 25.

(*b*) No tuition fee is levied on the candidates deputed from the Tamil Nadu Government Nursing Service.

IV. Form of application.

(*a*) Prescribed forms (Appendix I) of application for admission to the B.Sc., (Nursing) Course and prospectus can be obtained from the Principal, Madras Medical College, Madras on written requisition accompanied by an Indian (Crossed) Postal Order to the value of rupees one drawn in favour of the Principal, Madras Medical College, Madras.

(*b*) The application forms correctly filled up and with the required documents stitched securely thereto, in the order listed below should be sent to the Principal, Madras Medical College, Madras, to reach him before the specified time, with the superscription on the outer envelope "APPLICATION FOR ADMISSION TO B.Sc., NURSING COURSE".

(i) Two copies of passport size photographs of the applicant should be affix first page of the application in the space provided for the purpose.

(ii) *Registration fee.*—A (Crossed) Indian Postal Order to the value of Rs. e(Ru Five only) drawn in favour of the Principal, Madras Medical College, Madras.

NOTE. –The Postal Order, (Rs. 1) towards the cost of the application as well as (Rs. 5) for the Registration fee, should not have been drawn earlier than the date of advertisement inviting applications for admission to the course.

(iii) *Age certificate.*—Either transfer certificate or certified copy of the S.S.L.C. Book (I page) can be attached. As regards the candidates belonging to Tamil Nadu Government Nursing Service in case neither of the above is available a certified copy of the first page of their service books can be sattached.

(iv) *General Education Certificate.*—Certified copy of mark sheet of S.S.L.C. or qualifying examination.

(v) *Professional qualification certificates.*—

(*a*) Attested copies of Nurse and Midwife certficate.

(*b*) Attested copies of Registration certificates as Nurse and Midwife.

(*c*) Attested copy of mark list of the final Nursing Examination.

(*d*) Attested copy of certificates if any showing any advanced coursed or diploma taken in India or abroad.

(vi) Private candidates are required to attach a certificate to show the previous experience in Nursing and a *No Objection Certificate*, issued by the Nursing Superintendent or the Head of the respective hospital where they are employed.

(vii) *Conduct Certificate.*—Conduct and Character certificate recently issued by *two* respectable persons who are not related to the applicant.

(viii) *Vaccination and inoculation certificates.*—

(1) Certificate of revaccination in original with full details of the batch number of lympd used and the date of vaccination and the result of the re-vaccination obtained from a Registereh Medical Practitioner.

(2) Certificate of inoculation against *enteric fever* and *cholera* (in original) recently issued.

(ix) *Community certificate.*—To show whether belong to Backward Community Most Backward or Scheduled Castes or Tribes in the form appended to the application form.

(x) *Nativity certificate.*—Should be obtained in the form appended to the application orm, from an Officer specified in the note below.

(xi) A self-addressed Post Card (Not to be stitched to the application).

V. All applications should be sent only to the Principal, Madras Medical College, Madras-3, by designation only and not by name and not to the Dean or Principal of any other Medical College or Director of Medical Education, etc.

NOTES.—(1) Service candidates of Tamil Nadu Government Nursing Service should send their applications through their respective Heads of Department.

(2) An applicant who attempts to canvass or to bring influence to bear directly or indirectly on the Selection Committee or any other persons concerned with the selection will be disqualified.

(3) Applications with incomplete information and not accompanied by documents required in these rules will be rejected summarily. Every application (with all the enclosures securely stitched to it) should be sent by Registered Post, superscribed and addressed as follows :

'Application for admission to the B.Sc., Nursing Course.'

To

The Principal,
Madras Medical College,
Park Town, Madras-3.

VI. The following declaration printed in the Application Form should be signed by the applicant and parent or guardian.

(1) *DECLARATION BY THE APPLICANT.*

I, hereby solemnly and sincerely affirm that the statement made and information furnished in my application form as also in the enclosures thereto submitted by me are true. Should it, however, be found that any information furnished therein is untrue in material particulars, I realise that I am liable to criminal prosecution and I also agree to forego my seat in the College.

Station :

Signature of the candidate.

(2) *DECLARATION BY PARENT OR GUARDIAN OF THE CANDIDATE.*

hereby solemnly and sincerely, affirm that the statement made and information furnished in may son's/my daughter's/or ward's application form as also in all the enclosures thereto submitted by him/her are true. Should it, however, be found that any information furnished therein is untrue, in material particulars I realise that I am liable to criminal prosecution and I also agree that he/she should forego his/her seat in the College.

Station :

Date :

Signature of the candidate's parent/ guardian.
(Nature of relationship to candidate.)

VII. Each applicant will be assigned a register number and this will be intimated through the Post Card received as enclosure (xi) under rule (IV) above. This register number must invariably be quoted when sending further communications or statement of marks, when it does not accompany the application.

VIII. (*a*) The result of the selection will be intimated to all selected candidates immediately, after the selection is finalised to the address given column (2) of their application (in case there is any change of address after the date of application, the applicants should make their own arrangements for taking delivery of the communication).

(*b*) Candidates should be prepared to come for an interview, at their own expense to the Centre or Centres when notified.

IX. If a selected candidate fails to pay the fees at the Madras Medical College on or the before date mentioned in the intimation letter or fails to join except for any valid reason acceptable to the Principal, Madras Medical College, on or before the date notified in the intimation, the seat will be forfeited

X. The prescribed fee towards Caution Deposit, Athletic Club, Library fees, etc., must be paid in cash at the college office before joining the class.

XI. On selection, students should submit before admission, the following declaration duly signed by them and attested by their parent for guardian. If this is not produced admission will be refused.

(Joint discipline declaration or guardian and the candidate).

I..the undersigned, a student of B.Sc., Nursing do hereby agree with the Governor of Tamil Nadu, his successors and assignees to conform from this date to the rules and regulations including those relating to the hostel. If I am admitted thereto, laid down or to be laid down here after by the Principal for the time being of the college for the due maintenance of discipline at the said college and I further agree with the said Governor of Tamil Nadu, his successors and assignees to make foods when called upon to do so to the Government of Tamil Nadu any damage to furniture, apparatus, or other articles which may be caused by any carelessness, negligence or wantonness on my part. In witness whereof, I have hereunto set my hand, this day of.

Signature of Student.

I......................................the undersigned, parent/guardian of the above student hereby agree to the terms set in this declaration.

Signature of the Parent/Guardian.
(Nature of relationship).

Occupation and address :

XII. *Hostel accommodation.*—Accommodation in the Nurses Home or Hostel shall be provided for the women candidates, if they require. A sum of Rs. 20 per mensem will be levied as accommodation charge for private candidates. Mess charges for all candidates will be at the rates in force from time to time. Students should sign hostel discipline declaration. Men Candidates shall make their own arrangements for accommodations.

XIII. *No documents will be returned.*—The true copies of certificates attested by a Gazetted Officer or by an Officer of the Revenue Department not below the rank of a Deputy Tahsildar in the districts concerned whether independent charge or on other duty in the same scale of pay or the Nursing Superintendent, or Nursing Tutor of the Hospital in which he/she last studied should be enclosed. But the selected candidate must produce the originals of the certificates at the time of interview and admission into the College. Nativity Certificate, the Certificate of Social Status and the Physical Fitness Certificate which are already embodied in the application form should be certified in the application form itself.

XIV. *Agreement Bond.*—Candidates who are employees of the Government of Tamil Nadu shall execute an agreement to the effect that after successful completion of the course, they undertake to serve the Government of Tamil Nadu for a period of not less than five years, where-ever their services are required. If they fail to do so the entire pay and allowances paid during the period of schooling shall be refunded to the Government by the candidate or by the person or persons who signed the agreement as surety of the candidates.

XV. *Selection Committee.*—The Committee for the selection of candidates for B.Sc. (Nursing) Course consists of the following 3 members:—

1. The Director of Medical Education, Madras (Chairman).
2. The Principal, Madras Medical College, Madras (Member).
3. The Head of the College of Nursing Madras Medical College, Madras (Member).

XVI. *FORM OF APPLICATION.*

APPLICATION FOR ADMISSION TO THE PRE-REGISTRATION COURSE OF B.Sc., NURSING (FOR QUALIFIED NURSES), COLLEGE OF NURSING, MADRAS MEDICAL COLLEGE, MADRAS-3.

N.B.—1. Application for admission to the College of Nursing should be submitted only to the Principal, Madras Medical College, Madras-3 by designation and not by name.

2. All entries should be made legible by the candidate by his/her own handwriting.

3. Application must be complete in all respects and no notice will be taken of any communication or document sent after the submission of the application.

4. Application not accompanied by the certificate in the note at the page..............or the application form will not be considered. Instruction contained in the above note should be adhered to correctly.

5. Candidates who possess the minimum qualification prescribed under rules, i.e., a,b, c and d of the prospectus should alone apply.

Two copies of latest Photo
(pass port size.)

" Specify the Branch of the course in which the candidate wishes to study "

(1) Medical Surgical Nursing.
or
(2) Public Health Nursing.

1. (*a*) Candidate, name in full (In Block Letters).

NOTE.—Women candidates shall add the Word "Selvi" or "Thirumathi" before their names.

(*b*) Age and exact date of birth by Christian era and place of birth.

(*c*) Nationality nativity and community of the candidate.

(*d*) Highest examination passed....................out of (General education) and marks obtained.

2. Complete and accurate address to which any communication may be sent. If there is any change of address after the date of application candidates should make their own arrangements for taking delivery of any communication sent to them.

The office of the Selection Committee will not be responsible for the late or non delivery of any communication due to change of address, etc.

3. Record of Schools attended and marks obtained.

Name of School	Date of examination.	Marks obtained.	Where registered name or State Council.	Register number,	Total marks.
(1)	(2)	(3)	(4)	(5)	(6)

(*a*) General Nursing.
(*b*) Midwifery.
(*c*) Any other training.

4. Professonal experience
(Specify posts held after qualification and date.)

3, Have you appeard more than once for the same examination for any of those in No. 3 if so, give details.

6. Mother tongue ; what other languages you can read; write or/and speak ?

7. Have you any person dependent upon you for support ?

8. Do you have any family or other responsibilities that might interupt or interfere with your programme ?

9. Name of the district in which the nativity is to be considered,

(i) As per S.S.L.C. Register.

OR

(ii) As per the Nativity Certificate of parents (Score off item not required).

10. Give the names and address of two people not related to you whom you know well and can give information about you (Teacher, Doctor, Religious, Minister, etc.)

11. Name of parent or guardian—relationship—address—occupation.

12. Marital Status.................... Married.................................
Single.......................... Widowed...................................
Separated :........................

If married name of spouse :—

Occupation :

Number................................ and ages of children.

13. Whether the candidate has attached a Crossed Indian Postal Order for Rs. 5 for registration of the application, the number and the date of the Crossed Indian Postal Order should be given.

14. Any special claims to be considered.

Declaration.

I have read and understood the rules for admission to the College of Nursing.

* If selected I agree to sign an agreement to the effect that after successfully completin the training I undertake to serve the Government of Tamil Nadu for a period of not less than five years.

Date : Signature of the candidate.

Place :

I,.............................. hereby solemnly and sincerely affirm that the statement made and information furnished in my application form as also in the enclosures there to submitted by me are true. Should it, however, be found that any information furnished therein is untrue in material particulars, I realise that I am liable to criminal prosecution and I also agree to fore go my seat in the college.

Station :

Date : Signature of the candidate.

Declaration by Parent or Guardian of the Candidate.

I,.................................... hereby solemnly and sincerely affirm that the statement made and information furnished in my son's/my daughter's or ward's application form as also in all the enclosures thereto submitted by him/her are ture. Should it, however, be found that any information furnished therein is untrue in matreial particulars, I realise that I am liable to criminal prosecution and I also agree that he/she should forego his/her seat in the college.

Station :

Date : Signature of the candidate's parent/guardian.
(Nature of relationship to candidates.)

* Not applicable to private candidate.

Joint Discipline declaration by Parent or Guardian and the Candidate.

I, ... the undersigned, a student of B.Sc., Nursing do hereby agree with the Governor of Tamil Nadu, his successors and assignees to conform from this date to the rules and regulations including those relating to the hostel, if I am admitted thereto, laid down or to be laid down herafter by the Principal for the time being of the College for the due maintenance of discipline at the said College and I further agree with the said Governor of Tamil Nadu, his successors and assignees to make good when called upon to do so to the Government of Tamil Nadu, any damage to furniture, apparatus or other articles which may be caused by any carelessness, negligence or wantonness on my part. In witness whereof, I have hereunto set my hand, this day of.

Signature of student.

I,.................................. the undersigned, parent/guardian of the above student hereby agree to the terms set in this declaration.

Signature of the parent/guardian
(Nature of relationship).

Occupation and addres:

CERTIFICATE OF SOCIAL STATUS.

(*Vide* colum (4) of the application.)

This certificate is required from candidates belonging to the Scheduled Castes and Scheduled Tribes and the socially and educationally Backward Classes and Most Backeward Classes.)

Crtified that......................................a candidate for admission into COLLEGE OF NURSING, Madras belongs to.. Community, which has been recognised by Government as a Backward/Most Backward/Class/ Scheduled Castes or Tribes—*Vide* No.............* under the Tamil Nadu Education Rules.

Station : Signature :

Date : Rank :

NOTE.—This certificate should be signed by an officer of the Revenue Department not lower in rank than a Deputy Tahsildar whether in independent charge or on other duty in the same scale of pay. All officers of the I.C.S. or I.A.S. and officers of the Secretariat not lower in status than a Deputy Secretary to Government are competent to sign the certificate provided they have personal knowledge of the facts stated and make themselves fully responsible for the same. The certificate should bear the stamp of the office of the officer signing the certificate.

* The certify offer will note the number in the list without fail. Certificate of Social Status should be filled up by the certifying Officer.

NATIVITY CERTIFICATE.

CERTIFIED THAT......................................the parent/guardian of a candidate for admission into ....College his/her* permanent resident in the £...............-......................district in the State of Tamil Nadu.

Place : Signature :

District : Rank :

Seal of Office : Signature of countersigning Officer with designation and date :

* If both the parents or guardians are dead.

£ The name of the district to be filled up.

NOTE.—This certificate should be first be signed by the Village Munsif of the village or town concerned which is claimed as the place of permanent residence and it should thereafter be countersigned by an officer of the Revenue Department not below the rank of a Deputy Tahsildar in the District concerned whether in-independent charge or on other duty in the same scale of pay. All Officers of the I.C.S. or .I.A.S.and officers of the Secretariat not lower in status than a Deputy Secretary to Government are competent to issue Nativity Certificates in respect of candidates belonging to any District in the State, provided they have personal knowledge of the facts stated in the certificate and made themselves fully responsible for the facts stated. The certificate should bear the stamp of the office of the officer signing the certificate. The certifying officer should insist upon clear proof of the permanent residence of the parent or guradian of the candidate and satisfy themselves of the genuineness of the residentail qualification. They should be particularly careful in the case of candidates whose mother-tongue is not Tamil and whose place of birth was outside the District mentioned in the Nativty Certificate.

CERTIFICATE OF PHYSICAL FITNESS TO BE ISSUED BY A CIVIL SURGEON.

I do hereby certify that I have examined.......................a candidate for admission to the B.Sc., Nursing course in the College of Nursing, Madras Medical College, State of Tamil Nadu and cannot discover that he/she had any disease, consitional affection or bodily infirmity except..................................

I do not consider this a disqualification for undergoing the B.Sc. Nursing Course. His/Her age according to his/her own statement...................years and by apprearance about ....years, He/she has marks of smallpox vaccinated.

Personal marks of identification—

(a) Height. (b) Weight. (c) Chest measurement on full inspiration and expiration.

(d) Acuteness of vision.

In case where sight is corrected with glasses the strength of the glasses for each eye should be noted.

Name :

Rank :

Station :

Designation :

Date :

ENCLOSURES TO BE SENT ALONG WITH APPLICATION FORM.

(*a*) Certificate of date of birth (Baptism Certificate, School Transfer Certificate or a certificate extract from the Service Book to be sent).

(*b*) Education Certificate.—Copy of marks obtained in S.S.L.C. Examination attested by a Gazetted Officer.

(*c*) Nursing and Midwifery Training Certificates.

(*d*) Nurse and Midwife registration certificates.

(*e*) Certificate showing any advanced course or diploma taken in India or abroad if any.

(*f*) Certificate stating experience as a Staff Nurse, Head Nurse, Nursing Administrator or Tutor, from the Nursing Superintendents of the Hospitals in case of candidates in service and in the case of private candidates from the Nursing Superintendent of the Hospital where they served last.

(*g*) Certificate of physical fitness signed by a Civil Surgeon (Use attached form).

(*h*) Permission from the Immediate Superior Officers and Head of the Department if in public service.

(*i*) Two conduct and character certificates in original form written by respectable persons not related to you.

(*j*) Fresh certificates or re-vaccination against smallpox, enteric fever and cholera.

(*k*) Certificate of Community (Social status).

(*l*) Certificate of Nativity.

(*m*) Crossed Indian Postal Order for Rs. 5 being registration fee for this application drawn in favour of the Principal, Madras Medical College, Park Town, Madras-3. Postal Order should not be dated earlier than the date of advertisement inviting applications for admission to the course.

(*n*) Two copies of applicant's photographs of passport size duly attested by the candidate to be kept in front of the application form and stitched in the place provided in the application form.

(*o*) A self-addressed stamped post-card which should not be stitched along with the application etc. but kept pinned separately.

(*FOR OFFICE USE ONLY.*)

Serial number. *Registration number* :

1. District :

2. Marks obtained—
   (*a*) S.S.L.C. out of
   (*b*) Others if any out of
   (*c*) General Nursing out of
   (*d*) Midwifery out of
   (*e*) Post-certificate traning if any . out of

3. Whether admissible and /or in order—
   (*a*) Age and Date of birth.
   (*b*) Qualification.
   (*c*) Postal Order.
   (*d*) Physical Fitness Certificate.
   (*e*) Community Certificate.
   (*f*) Nativity Certificate.

4. Remarks on the admissibility of application.

PROFORMA.

B.Sc. NURSING—JULY SESSION.

Serial Number. Medical /Surgical Nursing or Public Health Nursing.

1. Name of the Nurse and Institution to which attached :
2. Date of Birth and Age :
3. Community :
4. Married of Single :
5. Number of children and their ages :
6. Highest Educational Qualification :
7. S.S.L.C. Marks (Total) :
8. Commenced Service as Nurse :
9. Date of completion of the Nursing Course :
10. Marks obtained—
    General Nursing:
    Midwifery :
11. Number of failure if any General Nursing, Midwifery ;
12. Additional Professional Qualification—
    Diploma with date and rank.
13. Prizes and Medals if any and distinctions
14. Outstanding achievements like army services, etc.:
15. Service particulars :
16. Remarks:

XVII. *Syllabus.*—As laid down by the University of Madras.

XVIII. The candidates selected for the B.Sc. (Nursing) Course will abide, by the rules and regulations laid down by the University from time to time.

PART II—DETAILED SYLLABUS B.Sc., NURSING FOR TRAINED NURSES.

The Pre-Registration Course—

Physics and Chemistry— (Class Period—60 hours).
(Laboratory—30 hours.)

A study of the basic principles of physics and chemistry are related to medical management in health and disease. The course gives emphasis to undetstanding the principles for the improvement of nursing care. Content will include units of measuremen , gases and liquids, heat, light, sound, magnetism and electricity, radia ion inorganic and physiological chemistry.

(ANATOMY AND PHYSIOLOGY.)

(Class Periods —60 hours.)
(Laboratory —30 hours.)

A study of the function and structure of the human body which will provide good basis for teaching normal structure and function to basic nursing students.

Content will include physiology of circula ion, of digestion and metabolism, of the kidney and secretion of urine, of the nerve and muscle, of the special senses and he physiology of reproduc ion.

SOCIOLOGY AND SOCIAL PROBLEMS.

(60 hours.)

A study of the basic concepts in sociology and their relevance to nursing.

Content will include the study of society and culture social groups and institutions, social change, social problems social legislation, medical, social work and sociological problems in nursing.

GENERAL PSYCHOLOGY AND MENTAL HEALTH.

(60 hours.)

A study of the basic principles and concepts of psychology which will help the s udent to understand personal, individual and group behaviour. Emphasis is made to relate these principles and concepts to nursing practice and help the student adjust to her environment.

Content will include the mechanism of behaviour the learning process, personality development, child psychology and mental heal h.

THE FIRST-YEAR COURSE.

MICROBIOLOGY AND PATHOLOGY.
(Class Periods—60 hours.)
(Laboratory—30 hours.)

A study of micro-organism, their nature and their characteristics in rela ion to health and disease.

Content will include a brief historical review of and recent development in microbiology, the nature, control and destruc ion of micro-organisms, infec ion and immunity, sepsis and asepsis, and the application of these in the promo ion of health and preven ion of disease.

MEDICAL—SURGICAL NURSING.

(Class Periods—60 hours.)
(Supervised clinical experience.)

A study of the principles of comprehensive nursing care as they apply to individual patients and to patients who require medical and surgical treatment.

Content will include an introduction to medical science, basic principles of nursing used in caring fot the patient as a person; general factors to consider; age, sex, pain ; fluid and elec olyte balance emrgencies, nutrition, socio-economic conditions and others ; and nursing inspecific medical and surgical conditions including etiology, pathology, pharmacology and therapeutics and health educa ion.

Clinical experience will revolve around direct patient care and related nursing situations.

(G.O. Ms. No. 1009, Health, dated 23rd June 1967.)

PUBLIC HEALTH NURSING.

(Class Periods—60 hours.)

(Supervised fixed experience.)

A course designed to help the qualified nurse to understand the concept of comprehensive nursing care. Emphasis will be given to nursing responsibilities in the prevention of disease, hospitalisation and home care.

Content will include the development and organisation of health and welfare services ; the scope and nature of public health nursing including inter-agency relationships, public health education, citizen participation, family health, normal growth and development, Public health nutrition, communicable diseases, and other collateral knowledge essential to the practice of public health nursing.

Field experience will include field visits and supervised experience in the out-patient department and public health centres and other health and welfare agencies.

SOCIAL AND PREVENTIVE MEDICINE.

(30 hours.)

A study of personal and community hygiene and the factors that affect the health of the individual, family and community, It intends, to increase the awareness of the student of the health problems, acquaint her with public health programmes and community resources and help to understand the need for health education.

Content will include a survey of the socio-economic structure of India, the five-year-plans in relation to health, community health problems and environmental hygiene, health resources, public health education and the major preventable health problems in India.

NUTRITION AND DIET THERAPY.

(30 hours)

A study of of the fundamental principles of nutrition in relation to health and the application of these principles in the preparation and planning of a normal diet. Emphasis is made on special food requirements of selected groups, and of specail diets in disease conditions considering religion,income,individual differences and other factors which affect the dietary habits of people in the Indian rural and urban communities.

Content will include the principles of nutrition, nutrition in public health, nutrition in health and disease. Laboratory practice in the hospital special diet and kitchen are included in the course.

PROFESSIONAL TRENDS IN NURSING.

(30 hours.)

A study of the development of the nursing profession from the primitive times to the present. It aims to develop an appreciation of the professional heritage in nursing and an undersitanding of the current trends.

Content will include a review of the history of nursing, the growth of prefessional organisations and the role they in elevating the stadards and status of the profession; the problems and responsibilities of members of the nursing profession in India to-day.

THE SECOND YEAR COURSE.

MEDICAL—SURGICAL NURSING (BRANCH I)

(class period 150 hours.)

(Supervised experience.)

An advanced course in Medical and Surgical Nursing which includes all the specialities, it aims at providing more depth in the nursing care of patients with specific medical and surgical conditions.

Content will include Orthopaedic nursing and rehabilitation,gynaecology and genito-urinary nursing, neuro-surgical nursing, ENT nursing and commnuicable disease nursing.

Clinical experience will include practice in the special medical and surgical wards and observation in the various specialiased hospitals in Madras.

PUBLIC HEALTH NURSING (BRANCH) II.

(Class periods—150 hours)

(Supervised field experience.)

An advanced course in public health nursing.

Content will include a further consideration of the scope and nature of public health nursing including the administrative aspects, the epidemiologiacl approach to the control of discase and promotion of health, environmental sanitation, food control, public health legislation, the role of international organisations in public health, vital statistical and the known major public health problems in India.

Field wotk will include supervised public health, nursing practice in clinics, out-patient departments, school health programme and primary health, centres, The field work emplasis will be on family health and home visiting.

PART II—NURSING EDUCATION.

THEORIES OF EDUCATION.

(30 hours.)

A study of the various philosophies and theories of education which have influenced the development of general education and the development of the Indian educational system, and the application of these theories to nursing education.

Content will include the historical development of and the pioneers in the field of education the aims, objectives and goals of education, the function of schools, the principles governing the educative process and educatione experience, and the role of the teacher and of the environment in the education of the student.

PRINCIPLES AND METHODS OF TEACHING.

(30 hours.)

A study of the principles and different methods of teaching and their application to the teaching of nursing and related subjects.

Content will include discussions on the methods commonly used like lecture, demonstration, laboratory, project and other methods, audio-visual methods and materials selection and organisation of learining activities both in the classroom and the clinical field; and evaluation.

EDUCATIONAL PSYCHOLOGY AND MEASUREMENT AND EVALUATION.

(30 hours.)

A study of the various psychological theories and studies as they relate to education. It is intended to help the student to fully understand the teaching learining process.

Content will include the developmental process, physcial and mental growth, the types of learning and the problems of the learner; personal and social growth; measurement of abilities aptitudes and achievements; principles of test construction and other evaluative techniques.

CURRICULUM DEVELOPMENT.

(30 hours.)

A study of modern principles and concepts in curriculam development, of the structure of a sound curriculum and the interdependence of its parts, and their applicition in the nursing curriculum.

Content will include definition of terms related to curriculum; selection and organisation of learning experinece; evaluations, factors involved in developing and implementing the curriculum in schools of nursing; practice in identifying objectives and in preparing and using evaluative tools.

PRACTICE TEACHING.

(about 60 hours.)

The practice teaching experience will provide opportunity for the stucencts to practice and apply the principles learned in the coursed outlined under nursing education. She will prepare course objectives. lesson plans, select and prepare audio-visual materials, teach studet in the class room and in the wards and help evaluate students' performance.

PART III—NURSING ADMINISTRATION.

PRINCIPLES OF ADMINISTRATION.

(30 hours.)

A study of the principes of democratic administration, its methods and scope and of the technical and human erements incolved. Inter-persona and professional relationships are emphasised is so far as hey reate to administration.

Conten will include the philosophy, aims and objecives of administraion, princes adminis raion, problems oragnisaion and administraion, fundamentas of personnel manamen.; prnciples of good supervision; and charac is ics of a good adminstrator.

NURSING SCHOOL ADMINISTRATION.

(30 hours)

A study of the atual operation of a school and college of nursing paricularly a Government teaching insiuion. It aims to develop knowledge and skill in the application of the principles of adminsiraion to the administraion of the nursing school.

Content will include the basis adminisraive essenials relaing to control of finance, faculty, studenis, records facilities and resorrces general administaion and curriculum administration.

NURoING SERVICE ADMINISTRATION.

(30 hours)

A study of the acual operation of a hospital, paricularly aGovernment hospital with emphasis on the adminisration of the nursing services.

Content will include discussion of basic human and material tecourses assenial to sound administraion of the nursing component of health services, organisational patterns for a nursing unit in a hospital; administraion functions of nussing personnel in the hospital adminisaive and educaional responsibility of nursing personnel in teaching hospitals, in service educaion for nursing personnel.

PUBLIC HEALTH ADMINISTRATION.

(30 hours)

A study of the services being efford at the naional, stae and local levels, how they are adminisered. how the programmes are planned and implemented.

Conents will include legislaion, bedgeing, Five-year Plans, and how principles of adminstration are applied at all levels of public helath.

FIELD WORK IN ADMINISTRATION.

(about 60 hours)

The pracical application of the principles of administraion in the areas outlined above.

APPENDIX X

PART I, II, III—*Deleted*

PART IV—RULES FOR THE TRAINING OF AUXILIARY NURSE MIDWIVES IN GOVERNMENT HOSPITALS IN THE STATE OF TAMIL NADU.

1. *Training centres.*—Trining inAuxiliary Murse Midwifery is imparted in the centre attsched to the following hospitals viz.

(1) Government Headquarters Hospital Dindigul.

(2) Government Headquarters Hospital Tiruchirappalli.

(3) Government Headquarters Hospital Salem.

(4) Government Headquarters Hospital- Vellore.

2. *Admission of candiates for training.*—Recruitment of candidates for the training will be made by a committee at each training centre consisting of the Superintendenting of Nursing superintending thNursing Tutor of the Hospital with one or two non official members prelferably from the Advisory Committee of the hospital to be nominated by the Superintenden Candia ofthe hosptal

Candidates should apply in Form A annexed to these rules to the Superintendent of the training institution where she wises to undergo the traning. A fee of Re. 0.50 (Rupee Nil and paise fifty only) will be leveled for application form from the candidates. (G.O. Ms. No. 134 Health dated 5th January 1967). This application fee of paise fifty is to be sent in the form of th crossed Indian Postal Order drawn in favour of the Superintendent of the same training inatitution. The selection of candidate will fe made after a personal interview of theapplications at the respect centres. Candidates should be prepared to come for a personal inteiview at their own cost.

3. *Qualification.*—Admission will be restricted to candidates who satisfy the following condi tions namely.—

(1) Candidates should have (*a*) passed eighth standard in a recongised school where the medium of instruction was Tamil;

(*b*) passed an entrance examination in which the standard and level of language- Matha matics and Science- are equal to the standard and level of (*a*).

Preference will be given to the candidates possessing higher educational qualification.

(2) Candidates shall be unmarried women or legally seperated women or widows.

(*a*) Woman legally separated from their husbands shall produce satisfactory evidence of judicial separation.

(*b*) Both widows and women legally separated from their husbands should reside in the Nurses quarters and abide by the conditions prescribed in the quarters and in the mes.

(*c*) They should not be pregnant on the date of their admission. If found pregnant during the training period their training will be immediately terminated.

(3) Candidates shall not be less than 17 years or more than 30 years at the time of admission for the training.

(4) Only candidates belonging to State of Tamil Nadu Shall be eligible for admission to to the course.

(5) Preference will be given to—

(*a*) Candidates whose family circumstances render it easy for them to devote their entire attention to the work of nursing and who are not likely to seek other or more lucrative employment.

(*b*) Dhasis and their daughters if they possess the minimum required general qualification relaxing wherever necessary the rule relating to age and amarriage.

4. *Health and other certificates.*—The following certificates and documents shall be roduced by applicants.—

(i) A certificate of Physcial Fitness by a Medical Officer in Government service not below he rank of an Assistant Surgeon in Form B.

(ii) A certificate of vaccination or of re vaccination issued within last three yrars.

(iii) Testimonials in original from tho respectable persons.

(iv) Documents in original in support of educational qualification.

(v) Evidence of date of birth according to the Christian era when this is not contained in the documents produced under item (iv);

(1) A certificate from the head of the institution where the candidates last studied furnishing the date of birth by the Christian era as per school records; or

(2) a certified extract from the Register of Baptisms in the case of Christians; or

(3) a ceiified extract from a Register of births and deaths maintained by local body will be accepted.

(vi) Certificate of nationality to be signed by an officer of the Revenue Department not below the rank of Deputy Tahsildar or a Stationery Sub Magistrate with the office seal affixed thereon.

5. *Entrance examination and agreements.*—Candidates who are admitted will be ontrial for 12 weeks. If at the end of this period they fai to pas the entrance exanination to be held by the Nursing Tutor in charge of the Auxiliary Nurse Midwives Training they will be allowed to continue the training for t a further period of one month. and appear for entrance examination for a second time. If they fail to pas the ecamination even in the second attempts their training will be terminated forthwith. If pupil Auxiliary Nurse Midwives are found to be satisfactory and medically fit to contnue the course of training they will be required to execute a bon in the form given in the Annexure in serve in small town s and rural areas for a period of not less than three years after successful compction of the training.

6. *Course of the training and syllabus.*—(i) The Course of training ans syllabus will be as prescribed by the Indian Nursing Council—from time to time and approved by theTamil Nadu Nurses and Midwives Council.—

Clinical experience.—Nursing 9 months including preliminary period of three months.

Midwifery.—1 year.

Community Nursing—3 months.

(ii) Professional study and examination will be in accordance with the syllabus and tegu lations of the Indian Nursing Council subject to the approval of the Tamil Nadu Nurses and Midwives Council.

G.O. Ms. No. 1975, Public Health dated 23rd December 1967

Board Examinations.—Part I Examination in Auxilary Nurse Midwives course will be held at the eend of nine months trainig. Czndidates who fail in Part I will be given another chance after a period of 3 months while undergoing training in Midwifery. If they to fail pass the Part I Examination for the Second time they will be allowed to appear for the Part I Examination aftr 3 months training only as Non stipendary. Failure to pass the Patr I Examinations in third attempt will entail discharge from tarining.

At the end of the two years training final examination in Midwifery shall be held- If ano Auxiliary Nurse Midwife pupil to pass the examination in her first attempt the maybe remanded for 3 months and Mf she fails agains she may be remanded for a further period not exceeding 3 months No Government stipe end or allowance will be paid to her after she fails to pass the examination in the second attempt.

7. *Medium of instruction.*—The medium of instruction shall be Tamil.

8. *General discipline.*—Auxiliary Nurse Midwives must conform to the rules and regulations of the hospitals in which they are undergoing the training Auxiliary Nurse Midwives pupils will be under the immediate controle of the Nursing Tutor in and the Nursing Superintendent, subje to the general control of the Superintendent of the hospital.

9. *Stipends and allowances.*—Pupil Auxiliary Nurse Midwives willfe paid stipends and allowances as follows.—

Stipend Rs. 50 per mensem; Dhoby a'owancs Rs. 150 per mensem; and uniform and Book Allowances Rs. 75 for the entire course. These arates are 'iab'e to be revived at any time without previous notice.

10. *Free quarters and other concessions.*—Auxiliary Nurse Midwife pupils will be provide with rent-free quarters in or near the hospital to which they are attached and will be required to reside in the quarters.

11. *Leave.*—Auxiliary Nurse Midwife pupils may be granted leave of absence for one month for every eleven months of training but not more than one month at a time or twomonths in all during their period of two years training. They may also be granted 15 days sick leave per mensem. The peiiod of such leave will be reookned as part of training.

Auxiliary Nurse Midwife pupils ay also be grpnted extraordinary leave without stipena and allowances on Medical Certificate for 4 months in all, and up to a maximum of 45 days at a time. An Auxiliary Nurse Midwife pupil, who is granted extraordinary leave, will not be psrmitted to count such leave towards the presciibed period of training, but she will have to undergo extra training for the period covered by such absence. If the leave exceeds the aboveli limit (i.e., 45 days), she will have to be dischatged from the training for re-admission to the cours orders of Director of Medical Education will be necessary.

12. *Dress* —Auxiliary Nurse Midwife pupils shall wear white uniform when on duty They will have to provide their own dress consisting of oite sarees, white jackets and sandal and preferably a wrist watch. They will also wear white apron to cover the white saree and cap to cover the hair.

13. *Appointment not guaranteed.*—Auxiliary NursMidwife pupils, who successfully complete their training pnd obtain their certificates will be eligible for appointment in smalltown and rural areas.Appointments cannot, howefer, be guaranteed to all of the successful candidates. Recruitment will be made in accordance with the Tamil Nadu Medical Subordinate Service Rules.

14. *Resignation.*—(1) An Auxiliary Nurse Midwife, pupil leaving before the completion of the period of agreement on any account, except ill health (which should be certified by the superintendent of the hospital) shall give one months' previous notice in writing to theNursing Superintendent or Nurdisng Tutor in-charge.

(2) An Auxiliary Nurse Midwife pupil leaving before the completion of the period of training on any account except ill health (which should be certified by the Superintendent of the hospital) provided that if she had drawn such stipend for more than three months, only the stipenddrawn for the previous three-months shall be refunded.

(3) If the Auxiliary Nurse Midwife pupil leaving before the completion of the period of training on any acoount exWept ll jealth (which should be certified by the Superintedent of the hospital) fails to give the notice required by sub-rule (1) or if the notic given falls short of one month, she will be required to pay the Government by way of penalty, in addition to the amount referred to in sub-rule (2) a sum equal to the stipend for one month: at the rate mentioned in rule 9.

(4) If an Auxiliary Nurse, Midwife pdpil married before the completion of the period of the training without giving the notice required by sub-rule (1) she will be deemed to have left the training without notice and she shall be liable to the penalties mentioned in sub-rules (2) and (3),

15. *Dismiss*al.—An Auxiliary Nurse Midwife pupil may be dismissed at any time during the course of her training by the Superintedent of tye hospital, if she is found to be guilty of of negligence, failure to attend duty, ill ness, idleness, insubordination, misconduct, the opinion of the Superintendent of the hospital concerned in these matters being final.

16. *Re-employment of dismissed pupils.*—No Auxiliary Nurse Midwife pupil who has been discharged from a hospital on account of misconduct or inefficiency shall be re-admitted in any other Government Hospital in the State.

17. *Powar to amend or alter the rules.*—The Government reserves full power to add or to amend these rules without notice in such manner as they may consider necessary and such addition or amendment shall bind pupils already enrolled.

ANNEXURE I.

FORM OF AGREEMENT TO BE EXECUTED BY THE CANDIDATES FOR TRAINING UNDER THE SCHEME FOR THE TRAINING OF AUXILIARY NURSE MIDWIVES FOR COMMUNITY DEVELOPMENT PROGRAMME.

Know all men by these present that we daughter of (£)............................through her guardain (in the case of a minor and %..............................)hereinafter called surety) son of................. do bind ourselves and pur respective heirs, executors and administrators to pay to the Governor of Tamil Nadu as represented by the Director of Medical Education (hereinafter called the Government) of demand all moneys paid to her and all other expenses incurred on her account in connection with training under the scheme for the training of Auxiliary Nurse Midwives for Community Development Project :

Sealed with our seals, dated this..........................day of.......................... Whereas the above bounden...is nominated to a Government stipend and whereas the Government have agreed to pay the above bounden ....as nominee of such stipend a sum of Rs....................per mensem in connection with the said training.

Now the condition of the above written obligatiln is tha the above bounden shall abide by the rules governing the training of Auxiliary Nurse Midwifes issued by the Government.

IN THE EVENT OF THE ABOVE BOUNDEN,

(*a*) Failing to pass an examination or complete the course of training without ressonable excuse (which the Government shall be the deciding authority);or

(*b*) Failing or refusing to serve the Government if called upon to do so on completion of the training in any post under Community Development Programme or elsewhere considered suitable by the Government (whose decision) in this behalf shall be final) having due regard to the training obtained by her foi a perod of not less than three yeais from the dqte of the offer made by Government within six months fiom the date of her completion of the training, she shall forthwith refund to the Government on demand all moneys paid to her and all other expense incurred on he account in connecti9n with the said training or studies as a stipendiary as aforesaid :

Provided alway that upon ho rendeing service satisfactoily and Government under hse presents, theiability torefunc shall be reduced propoitionaltely accordintothe yearsr ofservice actuallyrendered, is.e.,to twothirsd foitheonecomplete years ofservice,toone third for two compleyears'ofservice,providedfuither that notexemptionfrom refund will be allowed for periods of service which are not completed years.;?

AND upon her making such refund,the above writen obligtion shall bevoid and of no effect, otherwise tshal be andreminin foe and viitue:

PROVIDED ALWAYS THAT THE liability of the surety (%)...................... hereunder shallnot be impaired or discharged by reasons of time being granted or variation of terms of training or service or by any forbearance act, or omission of the Government or any person authorised by them (whether with or without the consent or knowledge of the said surety) not shall it be necessary for the Government to sue or make any steps ofr procedings against the said...............................beforesuing or taking any steps or proceedings against the said suiety for amoun s due heieunder.:

PROVIDED also that if any question oi dispu e shall arise as to the amount payable by her, the decisionof the Government shall be final and binding.

Signed and delivered by the above bounden,

Signature :

Full address :

or by her guardian (in the case of minor) in the presence of

Signed.

Signed and delivered by the above bounden*..............................
in the presence of ....

N.B.—Please insert in blank spaces at indications given below.—

* Full name of the stipendiary.

% Full name of the surety.

£ Full name of the guardian may be given in case of minor.

@ Name, Designation and full address of the attesting Officer with his official seal, if any.

The officer attesting the bounden should be a Gazetted Officer in the employ of Government.

ANNEXURE II

FORM A.

FORM OF APPLICATION FOR ADMISSION FOR TRAINING IN AUXILIARY NURSE MIDWIVES COURSE AT GOVERNMENT HOSPITALS (THE APPLICATION FORMS IN TAMIL MAY BE AVAILABLE AT THE RESPECTIVE TRAINING INSTITUTIONS.

ANNEXURE III.

FORM B.

I do hereby certify that I have examined.. .... candidate for admission for training in Auxiliary Nurse Midwives course at................. and cannot discover that she has any disease-constitutional affection or bodily infirmity except ....I do not consider this a disqualification for employment as an Auxiliary Nurse Midwife. Her age is according to her own statement................. years and by appearance about.......................years

Personal marks—

1.

2.

Station : *Signature* :

Date : *Rank* :

ANNEXURE IV

FORM C.

This is to certify that Selvi/Thirumathi...................daughter of............. is a native of..........................village.................tsluk................. district in the State of Tamil Nadu and is an Indian citizen.

Station : *Signature* :

Date : *Rank* :

Note.—This Certificate is to be signed by an officer off he Revenue Department not lower in rank than a Deputy Tahsildar or Stationery Sub-Magistrate.

FORM D.

Solvency certificate to be produced by the person who stands as Surety for the candidate undergoing training as Auxiliary Nurse Midwife in a Government Hospital in Tamil Nadu.

Certified that Thiru/Thrumathi/Selvi.. residing at.........................Village.......................District........... employed as..................................possesses movable or immovable property to the value of Rs...........................(Rupees..................................) and is solvent to the extent of...........................(Rupees.....................)

Office seal :

Date :

Signature :

(To be signed by an Officer or the Revenue Department, not lower in rank than that of a Tahsildar.)

Note.—The amount to the extent the party is solvent should cover the total amount of stipend payable during the period of two years training.

(G.O. Ms. No. 1593, Health, dated 18—6—1971.)

APPENDIX XI

PART I—RULES FOR THE ADMISSION AND TRAINING IN DIPLOMA COURSE IN PHARMACY.

1. *Training Centres.*—Centres for the training for the above course is Madurai Medical College, Madurai.

2. *Recruitment.*—Candidates will be admitted on payment of stipends. Non-stipendaries will also be admitted wherever they volunteer to take up the course. The selection of candidates will be made by he Dean. Madurai Medical College, Madurai and subject to approval by the Director of Medical Education. The applicants should, if required appear before the Dean, Madurai Medical College, Madurai for personal interview at their own cost.

3. *Minimum qualification for admission to the course.*—Any person who wishes to be admitted as a student to the course of study for Diploma in Pharmacy (Part I) shall produce to the head of the institution, imparting the training in accordance with these Regulations, evidence of having passed.—

(*a*) Matriculation Examination or a High School Examination or a Secondary School Leaving Certificate Examination with.—

(i) Science—(which should cover an elementary training in at least two of the following four branches.—

(1) Chemsitry, (2) Physics, (3) Biology, (4) Physiology and Hygiene; and

(ii) Mathematics (taught and examined as a separate subject), as two of the subjects, of a recognised Indian University or a duty constituted Board, or

(*b*) any other examination accepted by the Pharmacy Council of India an equivalent to any of the above examination.

Notes.—(1) Preference will be given to candidates belonging to this State.

(2) Preferrence will be given to young widows and wives of soldiers, after provision is made for demobilized personnel and discharged workers in war works.

(3) The Director of Medical Education is authorised to admit ev-Military personnel who do not possess the prescribed educstional qualifications for training and also remit the period of training prescribed in rule 5 below if after an examination bp the Dean, Madurai Medical College, Madurai they are found to possess adequate knowledge of English. A report should be sent to Government of the cases falling under this category.

4. *Health and Other tests.*—Candidates must produce.—(1) A statement of marks obtained at the Public examination for the Secondary School-Leaving Certificates attested by the Headmaster of a school or by a gazetted officer with his office seal. (The original should produced at the time of admission.)

(2) Attested copy of complete statement of grade certificate furnishing the grades obtained in all the three parts in P.U.C. or any other higher examination appeared by the applicant.

(3) If the applicant belongs to a socially and educationally Backward Class or Scheduled Caste or Scheduled Tribe, a certificate from the Revenue authorities (not below the rank of Deputy Tahsildar) stating such class, caste or tribe in the form appended to the form of application.

(4) Certified copy of Transfer Certificates attested by the Headmaster of a school or by a Gazetted Officer with his office seal. (Original should be produced only at the time of admission.)

(5) Physical fitness certificates from a Registered Medical Practitioners not below the rank o an Assistant Surgeon with seal.

(6) Two conduct certificates of recent date in original.

(7) The physical fitness certificate should contain information on the following points.—

(i) Height; (vii) Weight; (iii) Chest measurement on full inspiration and on full expiration; (iv) acuteness of vision; and (b) appearance.

5. *Courses of study.*—(1) The first year and second year courses of study for Diploma in Pharmacy (Part I) shall include the respective subjects as given in the Table below. The number

of hours to be devoted to each subject for its teaching (lecture and practical), shall not be less than that noted against it in columns (2) and (3) of said Table:—

TABLE.

First Academic Year Subjects to be taught (1)	Number of hours in lecture (2)	Number of hours of practical work. (3)
General (Inorganic and Physical Chemistry)	100	100
Physics	75	100
Biology	..	..
Botany	50	100
Zoology	25	50
English	75	..
Anatomy, Physiology and Health Education	50	50
Total	375	450

Second Academic Year Subjects to be taught. (1)	Number of hours in lecture. (2)	Number of hours of practical work. (3)
General Pharmacy	75	100
Dispensing Pharmacy	50	150
Forensic Pharmacy, Pharmaceutical Economics and Ethical	40	..
Pharmaceutical Chemistry including General organic Chemistry ..	100	150
Pharmacognosy	125 (including practical)	..
Pharmacology	60 including (demonstrations.)	..
Total ..	450	400

Note.—The syllabus prescribed for Pharmacy Training is given in Annexure II.

6. *Medium of instruction.*—The medium of instruction will be English.

7. *Stipends.*—(1) A stipend of Rs. 25 per mensem to candidates admitted for training in the hospitals in the City of Madras and Rs. 20 per mensem to those to be trained in hospitals in the mufussal is sanctioned by Government and these are liable to be revised at any time, without previous notice.

(2) The total number of stipends will be fixed by Government from time to time. Fifty percent of these stipends will be paid from State Funds and the remaining by such local bodies as require qualified pharmacists for their medical institutions. Local bodies may nominate their own candidates and forward their applications to the Dean, Madurai Medical College, Madurai. If the nominations of the local bodies or the selection from these nominees should fall short of the reserved number, the Government will increase correspondingly the number of candidates to be granted stipends from State Funds so that the total number of a stipends may be kept up. The stipendiaries will be exempted from the payment of tuition and examination fees.

(3) Ex-soldiers will be given preference in the matter of award of stipends.

8. *Contract period of service.*—The stipendiaries should execute an agreement in the Form given in Annexure III to these rules to remain in the service of Government or the local body concerned for a minimum period of six months after passing the Pharmacists' examination. The obligation to serve Government or the local body for the compulsory period will lapse, if employment is not provided for them within a period of three months after completion of training.

Note.—The amount of stipends, examination fees and training fees, refundable by stipendiary pupil Pharmacists in the case of their failure to fulfil the conditions of their training, shall be recovered in the same manner as arrears of Land Revenue.

9. *Leave.*—Pupil pharmacists may be granted leave of absence for a period of not exceeding 15 days for sickness and unavoidable private affairs at the discretion of the Superintendent of the training can re concerned if the progress of the pupil is satisfactory. The pupil pharmacists may also be granted casual leave for a total period of 15 days. Thepupil pharmacists will be eligible for stipends during the period of leave admissible as above.

10. *Fees.*—The rate of fees for the examinations will be Rs. 10 (Rupees ten) for each subject involving a practical test, and Rs. 5 (Rupees five) for each of the other non-practical subjects. Any fee paid shall in no circumstances be refunded.

11. *General discipline.*—Candidates admitted for training must conform to the rules and regulations of the hospitals in which they are undergoing training.

12. *Appointment not guaranteed.*—Pupil Pharmacists who successfully complete their training and obtain their diplomas will be eligible for appointment in any of the hospitals in the State Appointment cannot, however, be guaranteed to all or any of the successful candidates. Recruitment will be made by the appointing authorities in accordance with the Tamil Nadu Medica Subordinate Service Rules.

13. *Re-employment of dismissed pupils.*—No pupil pharmacists who has been discharged from a hospital on account of misconduct or inefficiency shall be re-employed in any other Government hospital in the State.

14. *Power to amend or alter the rules.*—The Government reserve to themselves full power to add to or amend these rules without notice in such manner as they may consider necessary.

ANNEXURE I.

DELETED.

ANNEXURE II

(*Vide* Rule 5).

SYLLABUS FOR PHARMACISTS COURSE.

PRELIMINARY EXAMINATION FOR DIPLOMA IN PHARMACY (PART—I)

GENERAL (INORGANIC AND PHYSICAL CHEMISTRY).

A. Introduction to Modern Chemistry.

1. Science and Scientific Measurements.
2. Atomic Theory.
3. Atoms, Ions and Molecules.
4. States of Matter—Kinetices Theory, Behaviour of cases.
5. Classes of Compounds—Formula and Equations.
6. Hydrogen and Oxygen.
7. Carbon and Compounds of Carbon and Silicon.

B. Chemical Theory.

8. Ionic valence and electrolysis.

9-A. Electrolysis of aqueous solution.

9-B. Solutions.

10. Properties of solutions.
11. Equlibria involving ions.
12. Periods Table, Atomic Structure and Nuclear Chemistry

C. Some Non-Metalic elements and their Compounds.

13. The Halogens.
14. The Sulpher family.
15. The Nitrogen family.

D. Some Metals, Alloys and Compounds of Metals.

16. Alkali and Alkaline Earth Metals.
17. Transition Metals and their Neighbours.

PHYSICS (THEORY).

Section A. (Mechanics).

1. Introduction to Vectors.
2. Equilibrium of Parallel Forces.
3. Velocity and Acceleration.
4. Force, Momentum and the Laws of Motion.
5. Work and Machines.
6. Energy, Power and Friction.

Section B. (Hydrostatics and Properties of Matter).

7. Pessure—Density and Specific Gravity, Floating Bodies.
8. Pressure of Gases.
9. Hydrostatic Machines and Pumps.
10. General Properties of Matter—Elasticity.

Section C (Heat).

11. Measurement of Temperature.
12. Expansion of Solids and Liquids.
13. Measurement of Quantity of Heat.
14. Change of State. Fusion.
15. Evaporation.
16. Heat and work.

Section D. (Light).

17. Rectilinear Propogation of Light.
18. Reflection of Light.
19. Refraction of Light.
20. The Eye and Optical instruments.
21. Dispersion of Light.
22. Polarisation of Light.
23. Wave motion and Sound.

Section E. (Electricity and Magnetism)

24. Magnets and Magnetic Fields

25. Elec'rostatics.

26. Current Electricity.

27. Electrical Power, Energy and Heat.

28. Electric Cells.

29. Elec'ro-Magne ic Induction.

30. X-Ray.

BIOLOGY

Botony.

1. Relation of Botany to Pharmacy.

2. General Morphology of

3. Elementary s'ructure and formation of

4. A.—General his'ology of.

4. B.—General knowledge of secondary growth, including annual rings and autumn and spring wood with reference to sounflower plant.

4. C.—S:udy of permanent slides including those longitudinal sections of stems and roots to have comple'e integrated picture of structure and form of cells and their arrangements.

5. General characters of the following angiospermic families Liliaceae, Solanaceae, Apocyanaceae, Umbelliferae, Compositae and Leguminosae.

6. Elementary Plant Physiology (illustrated by demonstra'ions.)

ZOOLOGY (*Theory*)

I. (A) Cell—

(1) Structure and ingredients.

(2) Cell division—

(*a*) Mitosis.

(*b*) Meiosis and differences between the two types of cell divisions.

Tissues.—C nnective, Epithelial, Areolar, Muscular, Simple skeletal and Nervous muscle.

Blood.—Composition, properties, a broad outline of the four blood groups.

(B) Unicellular organisms—

Amoeba.—(1) Structure, clarifications.

(2) Food and fooding habits.

(3) Movements.

(4) Reproductive cycles and characters of invertebrates.

(C) An elementary outline of and Anneldda examplified by *Hydra* for diploblastic nature and *Earthworm* from triploflastic nature.

Hydra : Structure, feeding and reptoduction.

(D) Cockroach.—Arthropodan Characters, circulation, digestion, reproduction.

II. Characters of vertebrates and outline classification.

(*a*) Amphibia characters, exemplified by Frog—

(i) General characters of Frog, Rabits.

(ii) Food and feeding, Respiration, process of digestion, circulation, nervous system, Life history of Frog (Brain).

(*b*) Mammalian characters—
Rabit: General structure or

Rat: Digestion Respiration or

Guineapig: Circulation and nervous system, emphasis on brain.

ENGLISH.

There shall be only one paper of three hours' duration carrying 100 marks and consisting of two sections. The first section shall consist of questions of a general non-detailed nature from a prescribed text-book of English prose Selections tallying with the general standard prevailing for the Intermediate Examination of Science of Pharmacy in the Regional University or Board. The second section shall be on composition consisting of questions on the correct use of the English idiom and construction and exercises on essay and precis writing. The aim of this section is to test the capacity of the students to write correct English.

Anatomy Physiology and Health Education (Theory).

1. Scope of the subject.
2. The tissues.
3. The body as a whole.
4. The skeleton.
5. The joints or articulations.
6. The muscular system.
7. The circulatory system.
8. The blood.
9. The lymphatic system.
10. The digestive system.
11. The metabolism diet and nutrition.
12. The skin.
13. The respiratory system.
14. The urinary system.
15. The ductless glands or endorcrine system.
16. The nervous system.
17. The organism of sensations.
18. The reproductive system.
19. Health education—

(*a*) Spread and prevention of infectious disease.

(*b*) Population problem, family planning and the role that Pharmacist can play in motivating the public and in the implementation of the family programme especially in the hospitals, dispensaries, drug stores and other situations.

(*c*) The principles underlying the family planning methods.

(*d*) The types of contraceptives and their developing trends.

(*e*) A brief account of the manner in which the contraceptives are tested before they are approved as suitable for use.

GENERAL (INORGANIC AND ORGANIC) CHEMISTRY-PRACTICALS.

EXPERIMENTS.

1. *Gas Burners.*—Study the manipula'ion of Bunsen burner and flame.

2. *Assemble a Wash bottle.*—Learn the following operations.—Cutting of glass tubing, bending, rounding, reducing the diameter of glass tubing; making a dropping tube; inserting a tube in a stopper ; sealing a platinum wire in a glass rod.

3. *Weighing.*—Study the various parts of a chemical balance and determine the zero point; earn to weigh to the nearest milligram with and without the use of a rider.

4. Perform simple experiments to study the processes of filtra ion, dis illa ion, drying of precipitates; solubility measurements; crystallisa ion; sublima'ion.

5. Determine the hardness of water.

6. Study the properties of crystals (i) dermine the number of molecules of water of cryseallisation; (ii) properties, deliquestence, effleresconce.

7. Find the proportion by volume of Nitrogen and Oxygen in the Air.

8. Classify various substances, about ten in number, into exidising and reducing agents.

9. Perform experiments to prove the following laws.—Law of conserva'ion of Matter Law of Definite Proportions; Law of Multiple Proportions; Charies Law.

10. Find the equivalents of Metals by (i) by displacement of Hydrogen; (ii) by combination with Oxygen; (iii) by analysis of an oxide; (iv) by displacement of metals from solutions of their salts.

11. Study the properties of acid, bases and salts, carry out titra'ions of acids against bases and *vice versa*, use two burettes; use exact number of significant figures in recording your readings and calculations.

12. Study the colour changes of various common indicators by using solutions of different P.H. and *vice versa.*

13. Simpler experiments in acidimetry and alkalimetry—

Experiments.

(1) To find the strength of a solu ion of hydrochloric acid by means of a standard solution of sodium carbonate.

(2) To find the strength in grams per litre of a solution of Nitric acid by means of an hydrous sodium carbonate.

(3) To find the strength of solution of sodium bicorbonate by means of a standard solu ion of hydrochloric acid.

(4) To find the number of molecules of water of crystallisa'ion in one molecule of crystallised sodium carbonate by titra'ion with standard hydrochloric acid.

(5) To find the equivalent of calcium of carbonate by a back titra'ion.

14. Perform tests for metals and common acidic radicals by wet tests, also study the flame tests of various elements.

PHYSICS (PRACTICALS).

Experiment.—1. —Errors and Significant figures. Study the types of errors encountered in experimental work and methods of compu ing percentage error and study the meaning of significant figures and their application in the observations and compu a ions of experimental work.

Experiment.—2. Measurement of Length and Mass. Learn the use of the (i) Vernier Caliper and the micrometer in measuring length and (ii) the laboratory balance in the determina'ion of mass.

Experiment 3.—Balanced torques and Centre of Gravity. Study the conditions of equilibrium of a rigid bar and locate the centre of grauity of a non-uniform bar.

Experiment 4.— A study of Friction. Study the relation of the frictional force to the force pressing the surfaces together and the effect of the area of contract and determine the co-efficient of friction,

Experiment 5.—Archimede's Principle and Specific Gravity. Determine specifie gravity of solids heavier than water, lighter than water of liquids.

Experiment 6.—Methods of measuring specific gravity of liquids.

Experiment 7.—Gas pressure and Boyle's Law. Learn the use of a manometer in measuring gas pressures and then study the pressure volume relation of a gas at constant temperature.

Experiment 8.—Young's Modulus of a wire. Study Hook's Law in connection with the stretcning of a wire and measure Young's Modulus for the material of which the wire is made.

Experiment 9.—A study of the simple pendulam. Study the relationship of the period of a simple pendulam to the length, the amplitude and the kind of the material of the hub.

Experiment 10.—Lenior co-efficient of expansion of metals.

Experiment 11.—Specific heat and temperature of a hot body. Determine specific heat of lead shot by the method of mixture and also determine the temperature of a red-hot piece of metal whose specific heat is known.

Experiment 12.—(i) Humidity. Determine the lew point with WET and DRY hydrometer and relative humidity in the room.

(ii) Latent Heat of fusion of ice.

Experiment 13.—The Molecular Nature of Magnetism. Study some simple magnetic phenomena in support of the molecular theory of magnetism.

Experiment 14.—Magnetic effects of electric currents. Study the nature of the magnetic field about a straight wire carrying a current and the magnetic effect of coils and electromagnets.

Experiment 15.—Measurement of resistance with a slide-wire wheatstone bride. Study the principle of wheatstone bridge and its use in measuring electrical resistances.

Experiment 16. —Resistivity and' a study of the Laws of Reistance. Learn to operate a dial-type wheatstone bridge and study the relation of resistance to the length, cross-sectional area and kind of material of wires.

Experiment 17.—Measurement of potential difference with a potentiometer. Study the principle of potentiometer, measure electomotive forces of cells eirh the potentiometer, and determine the terminal voltage of cells and internal resistance of cells when furnishing currents.

Experiment 18.—(i) A study of the Voltmeter and Ammeter connections in measuring resistance. Learn to measure resistance by Voltmeter-Ammeter method. Also study the methods of connecting these instruments in the circuit so as to avoid the necessity of making corrections in the resistance computation.

(ii) A study of the Laws of Circuits (series—Parallel).

Experiment 19.—The heating effect of an Electric Current—

(*a*) Determine the amount of heat developed in a.coil by an electric current; (*b*) compare the electrical energy which is heated by the current.

Experiment 20.—Reflection and Refraction of Light. Study the Laws of Reflection and Refraction.

Experiment 21.—Study the image forming properties of a concave mirror and determine its focal length.

Experiment 22.—Study the image forming properties of a converging lens; and determination of the focal length of a single lens and also of a combination lens.

Experiment 23.—Optical instruments employing one and two lens; simple magnifier, the projection lantern, and the camera.

Experiment 24.—Optical instruments employing the two lenses; measurement of Magnifying power microscopes and telescopes.

BIOLOGY.

BOTANY (PRACTICAL).

1. Morphological description of the parts of plants.
2. Histological characters of the parts of plants, viz., root stem and leaf.
3. Simple experiments on plant nutrition, transpiration, respiration and germination.

NOTE—No reference books will be allowed during Practical Examinations.

ZOOLOGY (PRACTICAL).

Microscopical Examination—

1. Amoeba and Paramecium.
2. Cell and Divisions (Permanent slides).
3. Eye of the cockroach.
4. Preparations for mounting connective areelar modullated nerve fibre, voluntary and involuntary muscles, blood and cartilage of frog.
5. Frog and any mammel (Rabbit, Guineapig, Rat).

Digestive system.
Arterial and venous system.
Urino-genital system.
Nervous system (brain).

ANATOMY, PHYSIOLOGY AND HEALTH EDUCATION (PRACTICAL).

1. Handling and care of Microscope.
2. Identification of various charts, models and microscopic slides, illustrative of the theory work of Human anatomy and Physiology. Blood counting and qualitative analysis of urine and stool.
3. Identification of various mechanical contraceptives.

NOTE.—Of the total time spent, at least half should be allotted to Physiology and the rest to Anatomy and Health Education. It is further suggested that in setting up questions, separate question on Anatomy should not be set. Questions on Anatomy should, whenever possible, be linked up with question of Physiology.

FINAL EXAMINATION FOR DIPLOMA IN PHARMACY (PART I).

GENERAL PHARMACY.

History of Pharmacy.

Heat.—Sources and uses of heat in Pharmacy. Control of heat, water-bath, steam-bath, sand-bath, oil-bath, air-oven and different types of burners.

Heat Processes.—Fusion, Evaporation, factors influencing the rate of Evaporation, Desiccation, Exsiccation, Surbonisation, Calcination, Ignition, Refrigeration, Distilation, Reduced Pressure Distillation, Fractional Distillation, Fractionating or Distilling Columns, Fractional Distillation under reduced pressure Steam Distillation, Sublimation, different kinds of Sublimates and Freeze drying.

Solutions.—Types—Gases in liquids, liquids in liguids, solids in liquids, solubility. factors affecting the solubility of solids in liquids, heat of solution and other properties of solutions like osmosis, immiscible solvents—partition law ionisation, PH, buffers, acids bases, isotonic, solution (calculations), absorption, viscosity, surface-tension.

Colloidal state.—Elementary study of Colloids, Suspenscids and Emulsoids and properties of Colloidal State. Preparation of Collodial solutions.

Mechanical Separations Expensions.—Simple and Pressure, Presses, Decantation, Filtration, Hot filteration, Suction filteration, Pressure filteration, Centrifugal separation, Colation, Decolourisation and Elutriation.

Storage and Preservation of Drugs and Pharmaceutical preparation.

Mechanical and Sub-division of Drugs and Chemicals.—Communication and the means adopted for the purpose. Trituration, sifting and sieving different types of powders.

Extraction Processes.—Expression, Infusion, Decoction, Lixiviation, Maceration, Percolation, Diacolation Diffusion, apparatus used for the above processes, Precipitation. Crystallisation and Granulation.

Galenical Pharmacy (Pharmaceutical microbiology).—Elementary knowledge of bacteria, Rickettsiae and Viruses, Immunity Vaccines, Sera, Toxoids, Antitoxins, Antibiotics, Vitamins, Hormones, Dry, Serum, Extract of liver, Extract of Pituitary(Post-Lobe), Protein, Hydrolysates, Preparation of injections and compositions of official injections, Sterlisation of medicaments, autoclaves and Bacterial Filters, Tests for Sterility, Pyrogens, Disinfectants, T.W. Coofficlent and Transfusion sets.

DISPENSING PHARMACY.

Principles of dispensing.

Prescription.—Definition, various parts of a prescription, dispensing routine, copies of prescription, repeat prescription.

Accuracy in dispensing, labelling, packing and containers for dispensed medicines.

A study of the following.

Powders.—Importance, simple powders, method of weighing, wrapping, powders containing volatile, hygroscopic, vegetable, scale preparation and potent substances.Trituration and fracrational powders, compound powders,liquids in powders, liquifying substances extracts, in powders, explosive mixtures, dusting powders, antacid powders, dentifices, salines in powders, sterile powders, powders in bulk, effervescent powders and granules.

Mixtures.—Defination, importance, classification, Simple mixture, vehicles, dispensing of simple mixtures. Substances easily soluble, subtances easily insoluble. Various stages in dispensing of simple mixtures.

Mixtures containing diffusible substances, method of dispensing, mixture containing indiffusible substances, method of dispensing, various suspending agents, advantages and disadvantages of different suspending agents, mixtures containing precipitate forming liquids, method of dispensing thereof.

Miscellaneous mixtures.—Effervescent mixtures, quinine sulphate in acid mixtures, chlorine mixtures, mixtures containing small amount of menthol and thymol, mixtures containing small doses of potent substances.

Emulsions.—Definition, types of emulsions and their identification, emulsifying agents, methods of preparation stability of emulsions. Hand emulsifying machine.

Incompatibility.—Definition, various types (i) Chemical, (ii) Physical or Pharmaceutical, (iii) Therapeutical, intentional and unintentional adjusted incompatibilities. Detailed study of chemical incompatibility under the headings (a) Evolution of a gas, (b) Precipitation of an insoluble compound, (c) Alkali acid neutralisation, (d) Precipitation of an alkaloid, (e) Formation of an undesirable compound.

Ointment.—Definition, physical properties, uses; composition, ointment bases, classifications, oily bases, absorption bases, emulsion bases and water soluble bases. Various techniques of preparation of ointments, eye ointments, pastes, and creams, containers thereof. Technique of studying absorption and penetration of ointments.

Pills.—Definition, advantages, disadvantages, essential requirements of a good pill massing, rolling cutting, rounding, coating, varnishing, packing, excipients, enteri ccoating. Pills containning small doses, oxidising substances, camphor-like substances, oily substances, soft extracts and similar substances, water-soluble dry extracts and scaly preparations ferrous sulphate quinine salts, liquid preparations, Indian Pharmacopocial pills.

Pastilles.—Bases mould, packing, lozenges, base and apparatus for preparation.

Capsules.—Soft and hard and their filling.

Liniments and Lotions.—Nasal drops, mouth washes, ear drops gargles, pigments, etc.

Suppositories.—Definition types, bases, methods of making suppositories, study of calculation of displacement value of medicaments.

Percentage solutions.—Creams, dental preparations, Plasters and dermatological preparations.

Tablets.—Elementary study.

Psology.—Detection of over doses in prescriptions, Pharmaceutical Latin.

Dispensing of Biological preparation and storage of Pharmaceuticals.

Pharmaceutical Arithmetic.—Different systems of weights and measures, calculations of doses, reducing and enlarging of receipts, percentage of solutions,alterations, thermometric scales, proof spirit, dilution and concentration of solutions, with special reference to alcoholic solutions and their calculations.

FORENSIC PHARMACY.

Study of Dangerous Drugs Act of 1940 Opium Act; Poisons Act, Drugs and Cosmetics Act of 1940; Drugs Rules of 1945; Pharmacy Act of 1948; the Excise Act; and such other State Acts as materially affect the Pharmaceutical professions.

Study of the Acts and Rules prescribed in the syllabus may be done in accordance with the following Scheme—

1. *Law concerning drugs*—

(i) Definitions.
(ii) Drugs Technical Advisory Board—Constitution and functions.
(iii) Central Drugs Laboratory-Functions.
(iv) Drugs Consultative Committee—Constitution and Functions.
(v) Import of drugs—Conditions and requirements.
(vi) Manufacture, sale and distribution of drugs—Licences; minimum requirements records and registers.
(vii) Government Analysis—Qualifications and functions.
(viii) Inspectors' powers and duties.
(ix) Cognizance of offences.
(x) Offences and penalties.
(xi) Labelling and packing requirements.
(xii) Standards of quality—Standardization.
(xiii) Powers and functions of Central and State Governments.

2. *Law concerning dangerous drugs*—

(i) Definitions.
(ii) Prohibition.
(iii) Control of Central Government on production and supply of manufactured drugs import, export and transhipment.
(iv) Investigation of offences—Procedures.
(v) Offences and penalties.
(vi) Powers and function of Central and State Governments.

3. *Laws concerning advertisements*—

(i) Definitions.
(ii) Prohibition of advertisements.
(iii) Offences and penalties powers of Central and State Governments.

4. *Laws concerning poisons*—

(i) Definitions.
(ii) Import and sales restrictions.
(iii) Records and registers.
(iv) Powers of Central and state Governments.

5. *Laws concerning Pharmacists*—

(i) Difinitions.
(ii) Pharmacy Councils—Central and State—Constitution and functions.
(iii) Qualificatlons for registration.
(iv) Withdrawal of registration.
(v) Reciprocity.
(vi) Privileges.
(vii) Offences and penalties.
(viii) Powers and functions of Central and State Governments.

6. *Law concerning weights and measures*—

(i) Definitions.
(ii) Weights and measures.
(iii) Procedure for certification.
(iv) Offences and penalties.
(v) Powers and functions of Central and State Governments.

7. *Laws concerning shops and establishments*—

(i) Definitions.
(ii) Registration.
(iii) Opening and closing hours.
(iv) Hygienic conditions.
(v) Conditions of service—Wages, leave, etc.

8. *Laws concerning alcohol and spirituous preparations*—

(i) Definitions.
(ii) Alcohol in manufacturing and compounding of prescriptions.
(iii) Denatured spirits.
(iv) Powers and functions of Central and State Governments.

PHARMACEUTICAL ECONOMICS AND ETHICS.

Section A.—Elements of Double Entry Book-Keeping and Accounting.

Section B.—Drugs Store Organisation (Management).

Section C.—Ethics in Pharmacy.

PHARMACEUTICAL CHEMISTRY.

INCLUDING GENERAL AND ORGANIC CHEMISTRY.

SECTION—A (PHARMACEUTICAL INORGANIC CHEMISTRY).

1. An elementary study of inorganic substances official in the Pharmacopoeia of India with special reference to their preparation, tests of purity and standards.

SECTION—B (GENERAL ORGANIC CHEMISTRY).

2. *General Principles.*—Atomic structure; Atomic Bonding, Polarity of Bonds; Fundamental Chemical Particles; Equilibrium and reversibility, Molecular structural Formulas; General Structure and Nomenclature; General classes of compounds; Analysis of Organic Compounds, Qualitative and Quantitative; Purification and Identification.

3. *Aliphatcic Hydrocarbons.*—Classification. Alkanes; Isomerism, Nomenclature. Cycloaikine, physical Properties. Preparations and reactions of alkanes, Petroleum, Paraffins and Vaseline.

4. *Olefins and Acetylene.*—Molecular structure, Isomerism, Nomenclature, Physical properties, Preparation, reaction; Markownikott's Rule Polyolefines; Conjugated dienes.

5. *Aromatic Hydrocarbon.*—Molecular structure of Benzene Reonance, structures for Benzene. Nomencalture of subs itu'ion products—Polynuclear hydrocarbons. Naphthalene. Anthracene and Phenanthrene. Preparation of Aroma ic hydrocarbons. Reac'ions and Direc'ive influence of subs ituiens; activating and De-ac ivating groups. Some reactions of alkyl benzenes.

6. *Organic Halogan Compounds.*—Structure and Nomenclature, Prepara ion and reac ions of Monohalogens compounds. Grignard reac ion. Displacement reactions; Dehydrohalogenation, Behaviour of Arhylhalides. *Polyhalogen compounds.* Structure and nomencla ure Physical properties. Prepara ion and reac ions, Some important polyhalides. Ethylene dichloride carbon tetrachloride. Chloroform, D.D.T., Benzene Hexa chloride (BHC), Iodoform; chlora hydra e.

7. *Alcohol Phenols. Ether.*—Alcohols.—Structure, Nomenclature, Physcial properties, prepara ions and reac ions, Some useful alcohols. Methyl and Ethyl alcohols—Glycols. Glycerol. *Phenols.*—Structure Nomenclature and Physical properties of Phenol, Cresols, Resoninol Hydroquinone, Naphthols, preparation and reac'ions of Phenol.

Ether—Structure, Nomenclature, Physial proper ies, Prepara'ion and reactions thereof, Reactions of Ethelene Oxide. Analogous Sulphur Compounds. Detailed study of ethyle her.

8. *Aldehydes and Ketones.*—Structure, Nomenclature, Physical properties, preparation and reac ions and uses. Differeniiation between alhehydes and ketones.

9. *Organic acids.*—Carboxylic and Sulphonic acids. Mono-carboxylic acid; Formic, ace ic and benzoic, structure, Nomenclature, Physical properties, preparation and reac'ions, Unsaturated monocarboxylic acids. Monoprotic Sulphonic acids; physical and chemical properties, Preparation and properties of Sachrin and Chloramine, Simple Nitrogen acids. *Organic Diprotic acids.*—Structure, Nomenclature, phycial proper'ies and prepara'ion Oxalci acid, Adipic acid, Malonic and Succinic acids. Some important useful reactions. Uns aurated dicarboxylic acids.

10. *Organic Acid Derivatives.*—Sales and es'ers. Structure, Nomenclature, Preparation, Proper'ies and reac'ions; uses *Acid Holides and Anhydrides.* Preparation, Nomencla'ure, Physical Properties, reactions, *Amides and Nitrites.* Preparation, Nomencla ure, Phycial pro-per'ies, reaction, urea, Barbituric acid; Phonobarbital.

11. *Pats and Oils. Waxes, Detergents.*—Glycerides, Chemistry of fats and oils. Analysis Saponifica ion number, Iodine number Reichert-Meissl number. *Waxes*; paraffin wax. Japan-Wax. Carbo wax, Carnauba wax, Spermacer i. *Detergents*—Chemistry of Soap Synthetic detergents; cleansing action of detergents.

12. *Polyfunctional compounds.*—Hydroxy acids—Preara'ion, proper'ies and reac'ions of important acids lactic hydroxypropionic, gamma-hydroxy-butyric; citric, tartaric; salicylic. *Optical Isomerism.* Difference between s ructural isomerism and optical isomerism, Op ical activity and its basis. Van Haff's rule. Stereoisomerism of Tartaric acid. Resolution; Significance.

13. *Carbohydrates.*—Monosaccharides. Standard configura'ion. Synthesis properties of glucose, fruc ose, glycoside forma ion. *Polysacharides.*—Disaccharides, sucrose, lactose, maltose, starch and cellulose.

14. *Organic Nitrogen compound.*—Prepara'ion, properties and reac'ions of Nitro compounds, amines—etc., Study of Nitrobenzene, Aniline, Sulphanilic acid. Trinitro Toluene (TNT)

15. *Amino acid Proteins.*—Essential (Indispensable and dispensable) am no acids and their formula physical properties of amino acids. Prepara ion and reaction. Pro'eins, their classification, molecular weights, physcial properties, tests and uses.

16. *Dyes* and colours of medicinal use.

17. *Natural Products.*—General proper'ies and uses and terpenes Camphor and Menthol; alpha pinene. Simple heterocyclic compund; their nomenclature. Nico inic acid. Purine compunds; uric acid and caffeine. Some characteristic tests for alkaloids; their uses, Unumeration proper ies and uses of an ibiotics, sulpha drugs; hormones, enzymes, vitamins.

SECTION C (Pharmaceutical Organic Chemistry).

18. Elementary study of such organic substances studied in section B as are official with special reference to their tests of purity and identity and standard. Also the study of the following compounds salts of organic acids; sulphonal and trional; Hemaxine Chlorbutol, Glyceryl trinitrate, Ethyl nitrate sprit of nitrous ether, amyl nitrate, Urethane, Acetani aulides, Aphamine, Phenaootin, Thymol, Adrenaline, Benzyl benzolate, Benzocaine, Procaine, Orthocaine amylocaine, myleh salicylate, Acetyl salicylic acid, mandelic acid, Salol acid, Tannic Acid.

PHARMACOGNOSY.

A. *Introduction*—

(i) Meaning and scope of Pharmacognosy.

(ii) Brief history of its development as a field of study including different systems of classification in Pharmacognosy.

(iii) Relationship to allied fields of study.

B. *Systematic study of the drugs included in the primary list*—

(i) Official titles, Indian and English synonyms, Biological origin.

(ii) Geographic sources.

(iii) Cultivation, collection Drying, Preparation for market and storage.

(iv) Macroscopic (Physical and Organoleptic) Characters.

(v) Gross anatomical characters.

(vi) Commercial varities, substitutes and adulterants.

(vii) Main constituents.

(viii) Chemical and microchemical tests.

(ix) Therapeutical and Pharmaceutical use.

C. *Brief study of the drugs in the secondary list with reference to the following*:—

(i) Official titles Indian and English synonyms, Biological origin.

(ii) Active constituents.

(iii) Therapeutic and Pharmaceutical use.

PRIMARY LIST.

Organised natural products.

Wood	.... Quassia.
Barks	.... Cinchona Cinnamom.
Leaves	.... Indian senna, Digitalis.
Flower	.... Clove.
Seeds	.... Muxvomica. Isapgol.
Fruit	.... Ennel, Cardamom fruit.
Entire organism	.... Ergot, Ephedra, Belladonna herb.
Underground organism	.... Glyeerhiza (Liquorice) Rauwolfia.

Unorganised natural products.

Dried Juices, Lates and Extracts	.... Aloe, opium, Agar.
Carbohydrates, Gums.	.... Starch, Acacia.
Resins, Gum-resins and Oleo-resins	.... Celophony, Asafoetida, Balsam of Tolu.
Fixed oils and waxes	.... Caster oil, Shark liver oil, bees wax.
Fibres	.... Cotton
Volatile oils	.... Oil of Turpentine, oil of Mentha.

SECONDARY LIST.

Aconite	.... Kaolin.
Alginate (Sodium)	.... Kurchi.
Arjuna Ashoka	.... Lemon Peel.
Beel	.... Linseed.
Benzoin	.... Male Fer.
Belladonna Root	.... Myrrh.
Cannabis	.... Nutmeg.
Capsicum	.... Orange Peel
Caraway.	.... Podophyllum (Indian).
Cascare Sagrada	.... Pyrethrum.

SECONDARY LIST—*cont.*

Catechu (Pale and Black).	Rhubarb.
Colchicum Corm.	
Colochicum Seed.	Senega (Indian).
Colocynth	Senna Fruit (Indian)
Datura Herb.	Storax.
Bill.	Strophanthus.
Gelatin.	Tamarind.
Gentian.	Tragacanth.
Ginger.	Urginea (Indian).
Honey.	Valerina (Indian).
Hyoscyamus.	Vasaka.
Ipomoea.	Yeast.
Jalap.	
Kaladana.	

PHARMACOLOGY.

Meaning growth and scope of pharmacology, relationship to pharmacy. Nature and Sources of drugs, Pharmacopoeia, Drug Standards, Assay of Drugs, Dosage forms, Nomenclature of drugs.

2. *Administration of drugs.*—Local, systematic and other officers, Methods available, Fate of Drugs in the body. Excretion of Drugs.

3. Dose of a Drug and factors influencing Dosage.

4. *Drug action.*—Nature of drug action, explanation of terms employed in connection with drug action. Factors influencing drug action.

5. *Water and Salts.*—General Principles, Water, Osmotic Pressure and Salt action, Osmotic pressure of blood plasma. Diuretics, Plasma substitutes, Blood transfusion.

6. *Caution of the blood : Acids and Aikalies—Introduction.*—Sodium potassium, Calcium, Ammonium, Magnesium, Acids and Alkalines.

7. *Heavy metals.*—Local actions of heavy metals. Copper, Zinc, Aluminium, Silver, Lead; Mercury, Iron, Methiloids; Bismuth, Antimony, Arsenic.

8. *Drugs acting on the Alimentary system.*—Digestants, Carminatives, Absorbents, Antacids, Emetics, Cathartics, Astringents, Chologogues.

9. *Drugs acting on the Central Nervous system*—

(*a*) *Stimulants.*—Medullary, Cerebral, and Spinal—

(1) *Depressants*: Alcohol, General Anaesthetics, Premedication and Basal anaesthetics.

(2) *Depressants*:—Hypnotices, Sedatives, Anticonvulsants, Drugs used in Parkinsonism. Drugs used for motion sickness.

(3) *Depressants* : Opium alkalodis, Synthetic morphine like compounds, salicylates and related compounds Derivatives of aniline, antipyretics of the phenacetin group.

(*b*) *Psychotropic Agents.*—Psychotomimetics, Tranquillisers.

10. *Drugs acting on Sensory Nerves.*—Stimulants, Counter-irritants or rubefacients. Depressants; Local anaesthetics.

11. *Drugs acting on the Autonomic Nervous system*—

(A) Autonomic Ganglia (Preganlionic Nerves).

Stimulants: Nicotine, Choline esters.

Depressants:—Ganglionic Blocking drugs.

(B) Sympathetic Nervous System (Post Ganglionic).

Stimulants: Adrenergic Agents : Adrenaline, Noradrenaline, Ephedrine, Amphetamine, Isoprenaline.

Depressants : Adrenergic blocking agents.

(C) Parasympathetic Nervous system (Post Ganglionic).

Stimulants : Cholinergic Agents : Choline Easters, Anticholine esterases.
Depressants : Cholinergic blocking agents.

12. *Drugs acting on Skeletal Muscle*—

A. Neuromuscular stimulants.

B. Neuromuscular blocking agents.

13. *Drugs acting directly on Involuntary Muscle*—

Stimulants.—Ergot, Pituitary, Histamine, etc.
Depressants.—Nitrites, Nitric esters, Papaverine.

14. *Drugs acting on the Cardiovascular system*—

Digitalis group.—Quinidine.

Antihypertensive Agents.

15. *Drugs acting on the Respirary System.*—Stimulants of the respiratory centre, Drug acting on the cough centre. Drugs acting on the bronchial secretion, Drugs acting on bronchial muscle. Therapeutic and other gases.

16. Drugs which influence Matabolism, Blood (Iodides, Calcium, Coagulation of blood).

17. *Hormones and Vitamins.*—Thyroid gland and antithyroid drugs, Parathyroid gland, the pancreas: Insulin and Oral anti-diabetics, Adrenal cortex, Pituitary gland (Anterior Lobe). Female sex hormones, male sex hormone: Testosterone, Vitamins A, B Group.

18. *Phenol and allied aromatic compounds.*—Phenol chlorocresol. Hexachlorophenol, Resorcinol, Volatitle oils, Stereopentes.

19. *Drugs used in Bacterial Infections.*—Local anti-infectives, Alcohol, Phenols, Heavy-metals, Chlorine, Chloramine, Iodine, dyes, Oxidizing agents, Detergents, Fungistatic drugs.

20. *Antitoxins. Vaccines and Toxins*—
(A) *Passive Immunization.*—Antitoxins.
(B) Active Immunization, Vaccines, Toxins and Toxoids Anaphylaxis.

21. *Chemotherapy.*—General considerations and Drug tolerance acquired by micro-organisms.

22. *Drugs used in Bacterial Infections*—
Systemic anti-infectives:
Sulphonamide, Sulphones and Leprosy, Penicillines.
Tuberculositic drugs.
Ghlorophynicol, Tetracyclines. Miscellaneous agents.

23. *Drugs used in Protozoal Infections.*—Leishmaniasis, Malaria, Amoebic dysentry.

24. *Drugs used as Anthelmintics and Insecticides.*—Anthelmintic, Tapeworm, Round Worm, Thread worm, Hook worms, Filaria.

Insecticides and insect repellants.—Scabies, Pediculosis, Insect-repellants, Insecticides

25. Aids to diagnosis and direct observations.

26. *Autagonisums and antidotisams.*—Histamine and Antithistaminics.

Final Examination for Diploma in Pharmacy.

PART I.

GENERAL PHARMACY (PRACTICAL).

(A) A scheme of 100 hours to include the preparation of simple pharmaceutical products such as—

Aqua Camphorae B.P. I.P., Aqua chlorofomi B.P. I.P., Aqua Mentha Piperitae (U.S.P. method); Infusion of Quassia I.P.; Concentrated Compound Infusion of Chirata, I.P., Concentrated Infusion of Quassia B.P.C. 1959; Glycerin of Tannic acid I.P., Glycern of Boric Acid I.P.; Compound Paint of loding B.P.C.; Poultice of Kaolin B.P. I.P., Spirit of Pudina I.P., Aromatic Spirit of Ammonia I.P., Tincture of Orange B.P., I.P., Compound Tincture of Benzoin, I.P.; Compound Tincture of Cardamom I.P., Liquid Extract of Glycyrrihiza I.P., B.P., Weak Solution of lodine I.P., Solu ion of Cresol with Soap B.P., I.P., Strong Solution of Lead Subacetate I.P.; Strong Solution of Ammonium Acetate, I.P., Arsenical Solution, I.P.; Syrup of Orange, I.P.; Syrup of Tolu, I.P., Compund Syrup of Feerous Phosphate, I.P., Mercury with Chalk, Compund Powder of Glycyrrihiza; Lo.io Calamina, Non-Staining Iodine Ointment.

Parenteral Preparation e.g.—

(*a*) Water of Injection.

(*b*) Injection of Sodium Chloride.

(*c*) Injection of Dextrose.

Granules for the Preparation of Tablets e.g.—

(*a*) Aspirin Tablets.

(*b*) Compound Tablets of Sodium Bicarbonate.

(*c*) Tablets of Calcium Lactate.

(B) Differentiation of Bacteria, Yeast and Moulds; Examination of Bacterial Slides, Preparation ofaCulture Media. Tests of Sterility of Different kinds of medicaments and surgical dressings, ligatures and sutures.

Note.—Pharmacopoeias, Codexes ,and formulacies may be allowed for reference during a practical Examination.

DISPENSING PHARMACY (PRACTICAL).

A scheme of 150 hours of Practical work including the following:—

(*a*) Dispensing of not less than 150 prescriptions covering a wide range of medicinal preparation including al the classes listed under "DISPENSING PHARMACY" maintaining complete . cords of each.

(*b*) Preparation and dispensing of the following official preparations—

Mucilage of Acacia I.P., Mucilage of Tragacanth I.P., Compound Powder of Tragacath, Soft, Soap Liniment of Turpentine, Liniment of Soap, Ointment of Boric Acid and Sulphur.

Note.—No reference book other than the Indian Pharmacopoeia shall be allowed during the practical examination.

PHARMACEUTICAL CHEMISTRY INCLUDING GENERAL AND ORGANIC CHEMISTRY (PRACTICAL).

19. The candidate must be able to conduct simple chemical operations as applied to substances in frequent use in Pharmacy including the following:—

(1) Identification and test of purity of pure official inorganic compunds.

(2) Assay of important drugs using simple volumetric methods. Estimation of Sulphate xmagin Eessium by gravimetric methods.

(3) The performance of limit tests for the presence of As Pb. Cl. Fe. and So4.

(4) Purification of solids, and liquids, preparation of simple organic substances ethyl accetate or banzoate, acetanilide, aspirin, iodo-form; hydrolysis of ethyl benzonate or methyl salicylate; reactions of typical groups of compound tests for element, identification of simple organic subs ance performance of limit and purity tests of the above official compounds studied in theory.

(5) Tes's for alkaloids, proteins, carbohysrates, glucosides tannins.

NOTES.—1. The candidate is required to bring for inspection to the practical ezamination his arigina latory journal duly signed by a member of the teaching staff and certified at the end of the year by the head of the department.

2. The candidates shall be permitted the use of any pharmacopeia and practical text book in the practical examination.

PHARMACOGNOSY (PRACTICAL).

1. Record the microscopical and gross aatomical characters of drug by studying transection, whether included in the syllabus or not.
2. Identify the drug in entire or broken condition listed in the primary list.
3. Identify unorganised natural produce of the primary list by microscopical characters and chemical tests.
4. Identify drugs mentioned in the secondary list.
5. Chemical tests for mucilage, anthraquinone and cyanogenetic glycosides, saponins alkaloids and tannins.

NOTE.—No reference book shall be allowed during the practical examination.

PART II.

RULES FOR THE CONDUCT OF QUALIFYING EXAMINATION FOR AWARD OF DIPLOMA IN PHARMACY.

1. *Constitution of the Examination Board.*—The Examination Board (hereinafter referred as the Board) for the conduct of qualifying examination for award of Diploma in Pharmacy shall consist of the following persons, namely :—

(1) *Chairman.*—Director of Medical Education, Madras.

(2) *Deputy Chairman.*—Dean, Madurai Medical College, Madurai, Vice-Principal in his absence.

(3) *Members.*—There shall be three persons appointed as members of the Board, one to represent the three medical colleges where the course is conducted. The members of Board for finalisation of results shall be selected from among the examiners appointed for the various subjects for the D. Pharmacy preliminary and final examinations.

2. *Appointments of members and examiners.*—(1) The examiners and from among them, members shall be nominated by the Director of Medical Education on the recommendation the Deputy Chairman from the pool of teachers in various subjects of D. Pharmacy course for the preliminary and final years in the Madurai Medical College, Madurai where the D. Pharmacy course is conducted.

(2) The members will hold office for a period of three years at a time The members will cease to be on the Board if any of their relatives are appearing for the examination or when they are not attached as teachers to D. Pharmacy course in the Medical College referred to in (1) above. Hence, it is incumbent on the part of the members to inform the chairman sufficiently early of the above facts.

(3) Similarly examiners shall cease to be examiners if any of their relatives are appearing for the examination or when they are not attached as teachers to Diploma in Pharmacy course in the Medical Colleges referred to in (1) above. Hence, it is incumbent on their part to inform the Chairman sufficiently early of the above facts.

(4) The members and Examiners should be considered to be on duty during the period of their absence from the Headquarters in connection with their attendance for Board meeitngs of for the conduct of the examination as the case may be and will be paid travelling allowance by the Government admissible under the T.T.A. Rules.

3. *Date of the examination.*—The qualifying examination shall be held in the months of April and September each year. The actual dates of the examinations will be published sufficiently in advance in the *Tamil Nadu Government Gazette.*

4. *General Schemes for the examinations.—Subjects.*

(1) Preliminary Examination for Diploma in Pharmacy (Part I)—

Subjects of Examination.		*Total marks for Theory including Sessional.*		*Total marks for Practical examination including sessional.*
(1)		(2)		(3)
General (Inorganic and Physical) Chemistry ..		100		100
Physics		100		100
Biology—				
Botany	75	100	75	100
Zoology	25		25	
English		100		..
Anatomy, Physiology and	80	100		100
Health Education	20			
		500		400

2. Final Examination for Diploma in Pharmacy (Part I)—

Subjects of Examination.	*Total marks for Theory including sessional.*	*Total marks for Practical examination including sessional.*
(1)	(2)	(3)
General Pharmacy	100	100
Dispensary Pharmacy	100	100
Forensic Pharmacy	100	..
Pharmaceutical Chemistry including General Organic Chemistry.	100	100
Pharmacognosy	100	100
Pharmacology	100	..
	600	400

NOTE.—All written examinations shall be of three hours' duration. Examiners will be at liberty to examine students orally during the practical examination and take congnisance of their performance when marking their papers.

5. *Fees.*—The rate of fees for the examinations will be Rs. 10 (Rupees ten) for each subject involving a practical tests and Rs. 5 (Rupees five) for each of the other non-practical subjects. Any fee paid, shall in no circumstances be refunded.

6. *Application for appearing for examinations.*—A candidate who intends to appear for an examination will at least four weeks before the commencement of the examination, send an application in the prsecribed form to the Chairman, together with the prescribed fee and a certificate that he has undergone the necessary training.

7. *Concession to candidates who fall ill.*—If after having paid the fee and fees accepted as eligible, a candidate is prevented by illness which shall be attested by a certificate from a medical practitioner registered under the Tamil Nadu Medical Registration Act, 1914 (Tamil Nadu Act IV of 1914), from appearing for, or completing such examination, the candidate shall subject to any special circumstances, which in the opinion of the Board may disentitle him to the concession, be admitted without payment of a fee to the examination, immediatly following.

9. *Marks for passing in the examinations.*—(a) (i) A regular record of both theoretical and practical class works and examinations conducted in an institution imparting training for the course for Diploma in Pharmacy (Part I) shall be maintained for each student and 30 per cent of the total marks for each subject in theory and 40 per cent of the total marks for each subject in practical shall be allotted to these record.

(ii) The following system should be followed in allotting marks for sessional practical examinations.—

The actual performance in the examination	60 per cent.
Day to-day class work including journal records up to the day of the examination.	40 per cent.

The average sessional marks thus calculated should be made available to all examiners in a practical subject at the commencement of the relevant examination in both the preliminary and the final examination for Diploma in Pharmacy (Part I).

10. *Declaration of names of successful candidates.*—A student shall not be declared to have passed the above examinations unless he secures at least 33 per cent marks in English and 40 per cent marks in each of the remaining subject separately in the written and practical tests (including sessional record) and 45 per cent marks in the aggregate of all subjects. Candidates securing 75 per cent marks or above in any subject or subjects shall be declared to have obtained distinction in that subject or those subject provided the student passes in all the subjects in the same examination.

A certificate for having passed the final examination for Diploma in Pharmacy (Part I), shall be granted by the examining authority to successful student.

11. *Examination for failed candidates.*—A student who appears in all the subject but fails in not more than two subject at the preliminary examination for Diploma in Pharmacy (Part I) may, at his option, take the examination in parts in one or both of subjects in which he has failed or in whole on the condition that he passes in all the subjects prescribed for the examination in three consecutive examination or within a period of two years including the examination at which first appeared. If he does not pass the full examination within a period of two years as mentioned above, he shall have to take the whole examination in all the subjects at the time when he next appears at the examination.

A student who fails in the final examination for Diploma in Pharmacy (Part I) may, at his option, take the examination in parts, in one or more subjects in which he has failed or in whole on the condition that he passes in all the subjects prescribed for the examination in three consecutive examinations, or within a period of two years, including the examination at which he first appeard. If he does not pass the full examination within a period of two years as mentioned above he shall have to take the whole examination in all the subjects at the time when he next appears at the examination.

12. *Remuneration to Examiners.*—The scale of remuneration to be paid to Examiners who conduct the qualifying examinations for award of Diploma in Pharmacy shall be based on the amount of examination fees collected from the candidates appearing for award of Diploma in Pharmacy Examination and it shall be distributed in the following proportions :—

Diploma in Pharmacy Examinations		Revised rates.
Government's share	11	per cent.
Chairman's share	3	per cent.
Deputy Chairman's share	3	per cent.
Chairman's Office	4	per cent.
Deputy Chairman's Office	6	per cent.
Skilled Assistants and Superintendent	7	per cent
Towards stationery	3	per cent.
For examiners paper setters, etc	63	per cent.

(G. O. Ms. No. 26, Health, dated 3rd January 1963 and G.O. Ms. No. 1198, Health, dated 5th April 1958).

APPENDIX XII.

RULES RELATING TO THE COURSE OF TRAINING FOR CERTIFIED RADIOLOGICAL ASSISTANTS C.R.A. MADRAS).

1. *General.*—The course will be open to persons a minimum qualification of—

(i) a pass in the Matriculation Examination of the University of Madras; or

(ii) a Secondary School-Leaving Certificate with Science as special subject; or

(ii) a pass in an examination recognised by the Board of Examiners as equivalent to the above.

Students who have put in at least two years' training in a Government School of Technology will be admitted to this course. Preference will be given to those who hold a recognised diploma in electrical engineering. Admission will be restricted to fifteen candidates at a time.

2. *Place and Period of training.*—The course will cover a period of one year. All the subject will be taught at the Barnard Institute of Radiology, Government General Hospital, Madras.

3. *Syllabus for the course.*—The syllabus for the course will be as follows :—

PART I—EXAMINATION.

Three months tuition followed by examination.

Elementary Anatomy.—Skeletal bones—Epiphysis in Embroyo, in infancy and adults, skull with reference to Pituitary Fossa, Cranial Fossa, blood vessel grooves, fractures; the Diploae and Lumber Vertebrae long and short bones of extremity.

Physiology.—Elementary knowledge of special organs of the body, the brain, spinal chord, lungs and heart, oesophagus, stomach, intestines (large and small), appendix liver, spleen pancreas, and ductless glands.

Pathology.—Lesion of the skull-diseases of the heart and lungs—Viscerae of abdomen, bony tumours, etc.

PART II—EXAMINATION.

Six months tuition followed by examination.

Radiography, Radiotherapy and Electrology suitable for C.R.A.

HISTORY—LECTURES.

Apparatus.—Construction, wiring and assembling; valve and X-ray tubes, types, construction and properties—Care and control of apparatus.

Radiography.—Radiographic technique, care of patients while in the Radiographic Department.

Dark-room.—Photography and Dark-room technique.

Radium and X-ray treatmenrt.—Superficial and deep exposures—Filters—Radiation dangers—Care of patients while in the department.

Electrology.—Principles of electrical light and heat treatment—Methods of application—Care of patients during treatment.

PART III—EXAMINATION.

Three months work followed by examination.

Practical work on the several departments of the Barnard Institute of Radiology.

4. *Award of stipends.*—(i) Eight out of the fifteen candidates admitted every year for training the C.R.A. course conducted in the Board Institute of Radiology, Government General Hospital, Madras, may be awarded a stipend of Rs. 25 per mensem each.

(ii) Stipendiary candidates are exempted from payment of tuition fees, but they are required to pay the examination fees.

(iii) They should execute a bond in the form given in the annexure to these rules to serve the Government for a period of five years after successfully completing the course, if called upon to do so. No appointment is however guaranteed.

(iv) The stipends sanctioned to the candidates for undergoing training in the C.R.A. course may be with held at any stage if the progress of study and conduct of a candidate is found to be unsatisfactory.

5. *Examinations.*—Examination in Part I will commence on the first Monday in October in Part II on the first Monday in April and in Part III on the first Monday in July.

6. *Certificates.*— Certificates will be granted to successful candidates by the Dean, Government General Hospital, Madras,

NOTE.—The following procedure should be observed, in the matter of issue of duplicate copies of C.R.A. certificates:—

(i) A candidate applying for a duplicate copy of a certificate should forward along with the application:—

(a) a statement of the circumstances under which the original was lost.

(b) a declaration sworn before a magistrate that the statement in (a) above represent the truth, and

(c) a certificate of identification signed by two responsible persons to show that the applicant was the person previously in possession of the original certificate.

(ii) On receipt of the application and other documents mentioned above, the Chairman, C.R.A., Board of Examiners, shall after scrutiny of the documents and verification of the qualification of the applicant issue a duplicate copy of the certificate, subject to the following conditions.—

(a) The word 'Duplicate' should be written in the form in bold capitals in red colour.

(b) A note should be inserted at the bottom of the form to the effect that the original certificate is reported to have been lost.

(iii) A fee of Rs. 3 should be charged for the grant of a copy of the certificate. The fee should be credited in full to State Funds.

A note should be made in the certificate register under the full signature of the issuing officer that a duplicate diploma has been issued to the party. The correspondence should be given a permanent number and preserved as a permanent record.

7. *Tuition Fees.*—The tuition fee for the whole course will be Rs. 240 per candidate and should be paid in full before admission.

8. *Refund of tuition fees.*—(i) Refunds of fees are ordinarily inadmissible, if the candidate, has attended and portion of the course except in cases where for reasons beyond his/her control the candidate is prevented from joining the course or the candidate has to interrupt his/her studies for taking up the war work. In the latter case, a refund of the full fee will be allowed for each complete month of the course not attended by the candidate which the Dean of the hospital considers in the circumstances of each case reasonable,

(ii) All claims for refunds of fees should be preferred in writting with full circumstances of the case within a period of three months from the date of payment of fees or from the date on which the candidate taking up the work, has to leave the course.

(iii) Fee paid for the course may at the discretion of the competent authority, be reserved for a subsequent course provided that the candidate has not attended the course for any portion of the period for which the fee has been paid.

(iv) Claims for the refund of the fees rserved for a subsequent coure on the plea of inability to attend the course will on no account be considered and the fee reserved for subsequent course cannot be reserved for a second time.

(v) The competent authority for the purpose of these rules shall be the Director of Medical Education.

9. *Examination fees.*—The examination fee will be Rs. 20 for each part. The examination fees should be paid immediately preceding the admission along with the tuition fee. Further fees of Rs. 20 should be paid for each subsequent appearance in a part "before such appearance"

10. *Re-examination of failed candidates.*—(i) A re-examination will be held for failed candidates at the end of three months, the date of such re-examination being fixed by the Chairman of the Examining Board after obtaining the approval of the Director of Medical Education.

11. *Remuneration to Examiners.*—The fee realized from candidates appearing for the C.R.A. Examination will be distributed in the following proportions.—

1. Government share	Sixteen per cent.
2. Stationery	Five per cent.
3. Government Superintendence and skilled assistance.	Eight per cent.
4. Setting of question paper	Twenty-five per cent.
5. Oral Examination	Do.
6. Valuation of answer papers..	Thirteen per cent.
7. Chairman's share	Eight per cent.
Total ..	One hundred per cent.

ANNEXURE.

(*See* Rule 4.)

KNOW ALL MEN BY THESE PRESENTS THAT I.
SON OF , residing at
am held and firmly bound unto THE GOVERNOR OF TAMIL NADU (hereinafter referred to as "The Governor" which expression shall where the context permits include his successors-in-office and assigns) in the sum of Rs. 300 (Rupees Three hundred only) to be paid to the Governor to his certain attorney or torneys for which payment well and truly to be made I bind myself, my heirs executors administrators and legal representatives firmly by these presents.

Signed by me this day of

(Student of the C.R.A. course).

Dean,
Government General Hospital,
Madras.

WHEREAS I the above bounden have been selected by the Government of Tamil Nadu (hereinafter referred as the "Government") to be trained as a Certified Radiological Assistant AND WHEREAS THE Government have decided to pay me a stipend of Rs. 25 (Rupees twenty-five only) per month during the period of twelve months when I shall be undergoing such training AND WHEREAS it has been agreed that shall enter into the above bond in the above mentioned sum of Rs. 300 (Rupees three hundred only) with such conditions as are hereunder written.

Now the conditions of the above written bond are such that if I shall undergo the full course of Government training for the Certified Radiological Assistants, unless I be prevented by ill-health certified by a competent medical authority to the satisfaction of the Dean, Government General Hospital and Madras Medical College Madras for the time being from undergoing such full course of training abide by all the rules and regulation laidowns by the Government with respect to trainees as Certified Radiological Assistants and shall during such course of training abstain from engaging in any trade or calling or attending any other institution and shall after completion of such course of training appear for the C.R.A. Examinations to be held by the Government and in the event of failure to pass such examination appear for the succeeding Government examination or examinations with a view to my becoming qualified as a Certified Radiological Assistant and shall after successfully completing the course faithfully and diligently serve the State in the Radiological Department of the Government Hospitals for a period of FIVE YEARS from the date of my appointment if called upon to do so, such conditions and for such salary as may be decided by the Government and shall during such period of service at all times obey the lawful orders of the Government or officer or officers or the Government under whom I may be placed for the time being and shall generally comply with the rules and regulations applicable to the department in which I may be serving and shall in the event of my failure to act as aforesaid in respect of all or any of the matters aforesaid, refund to the Government all amounts received by me as stipend and pay the Government the tuition and other fees which but for my being a stipendiary I would have paid then the above written bond shall be void and of no effect otherwise the same shall remain in fullforce and virtue and all sums due by me to the Government as refunds of stipend and otherwise under the bond may be recovered from me as if they were arrears of land revenue under the Tamil Nadu Revenue Recovery Act, 1864 (Tamil Nadu Act II of 1864).

I also shall take note there shall be no guarantee of appointment after my successfully completing the course.

Signed by the above named
in the presence of :

Signature of the C.R.A. student.

Dean,
Government General Hospital,
Madras.

(G.Os. No. 4000, P.H., dated 31st August 1940, and No. 1282, P.H., dated 14th May 1944, Government Memorandum No. 41438-44—D-1, P.H., dated 21 st August, 1944, G.Os.No. 886, P.H. dated 3rd April, 1945, No. 940, Health, dated 14th March 1959, No. 1399 (H) dated No. 13th April 1951, No. 2223, Health dated 21st June 1951 No. 359, Health, dated 2nd February 1953 and No. 501, Health, dated 11th February 1953.)

APPENDIX XIII

PART I—CERTIFIED LABORATORY TECHNICIAN COURSE.

1. *Qualification.*—This course will be open to private candidates who have completed Pre University Course with a pass in English and Science subjects.

2. *Course of training.*—The course will cover period of one-year commencing from 1st January. This training is given, only in the King Institute of Preventive Medicine Guindy at the School of Laboratory Technology.

3. *Admissions.*—Admissions will be restricted to seventeen stipendary candidates at a time

4. *Syllabus.*—The syllabus for the course will be as follows :—

Laboratory Management.—Accommodation, equipment and facilities cleaning care and maintenance selection and testing of laboratory glassware sterilising and cleaning new glass wares sterilisation and cleaning of infected glassware preparation of routine glassware and apparatus for sterilisation special apparatus for collection of specimens storage of sterilised glassware and equipment storage of culture media and diagnositic outfits.

Treatment and disposal or excreta other infected material housing feeding, breeding and management of healthy and experimental animals storage of dangerous compounds receipt and recording of specimens cataloguing and indexing maintenance of laboratory records and—

(i) Knowledge of despatch of biological material to out stations.

(ii) Knowledge of despatch of post-mortem material.

(iii) Knowledge of despatch of material for medical examinations in Forensic Science Laboratory.

Laboratory apparatus.—A knowledge of the construction maintenance and use of the following incubators, incubator rooms refrigerators cold rooms, water baths ovens steamers, autoclaves inspirators, centrifuges pumps stills balances microtomes and its knives General knowledge care and manipulation of the microscope and its component parts Types of oculars and objectives Practice of microscope including dark ground illumination. Phase contrast microscopes. Care and manipulation of various types bacteriological filters, care and cleaning and sterilisation of syrings and needles, Glass manipulations, construction of simple pieces of apparatus, minor repairs to the laboratory apparatus.

Methods of sterilisation and their uses.

Chemicals, dry heat and boiling steam under pressure steam not under pressure, tyndallisation and filteration.

Bacteriological technique.—The collection of materials such as blood, urine stool, pus, sputum, cerebrospinal fluid and other exudates (ascitic fluid pleural fluid) for bacteriological examination. Handling and preparation of the specimen for microscopical examination stained and unstained.

Staining Methods.—The composition, preparation and use of staining reagents required for the identification and study of the principal pathogenic bacteria and other micro-organisms in film sections, section and other sera preparation.

Culture Media.—The composition and methods of preparation of the types of culture media in general use of the isolation and identification of pathogenic bacteria and the properties required of their ingredients.—The Special growth requirements of different species. Selective media and their mode of action Gaseous requirements and methods of providing for them.

Serological methods—(*a*) Methods of performing agglutination haemagglutination tests precipitation complement fixation and absorption tests and the condition governing these reaction (*b*) Preparation and preservation of reagents used in these tests including the preparation of high titre sera laboratory in animals.

Complement fixation tests in typhus and virus infections.

General principles of the methods employed in identifying a micro-organisms. The particular characters by which it is possible to identify each important pathogenic species and such non-pathogenic species as are of interests in medical bacteriological work.

Methods of performing bacterical counts preparations and standardisation of bacterial vaccines. Methods employed in the study of pathogenic fungi. The preservation of stock cultures.

Determination of the sensitivity of bacteria to chemotherapeutics agents and antibiotics.

Methods in the Bacteriological and Chemical examination of water and milk.

Assay of antribiotics in body fluids.

Testing of disinfectants.

A general idea on the cultivation of common viruses in embryonated eggs and the common staining methods used in virus work.

Mycology in identification of fungus disease.

Importance and use of laboratory animals for the identification of pathogenic organisms and the techniques involved in animal inoculation and post mortem.

Pathological Technique.—General made of action of different fixatives composition preparation and storage of fixing solutions their merits and limitations. Choice of fixatives as used for special purposes.

Investigation and embedding methods.

Section cutting by paraffin embedding and microtomes, different types their construction and manipulation Section and use of bones and strops. The technique of section cutting methods of mounting and drying.

Common staining methods haematoxyling coxin Giemsa's Gram's stain and preparation of slides.

Museum methods, principles of preparating museum specimens.

Parasitological Techniques.—Collection of blood, stool and other materials for the diagnosis of important protozeal diseases.

Different methods of preparation of the materials (including staining) and examination of specimens.

An outline of the characters of different protozon and the stages of their development both inside and outside the body of the body of the host.

Cultural methods for the isolation of protozoa.

Different serological methods for the diognosis of protozeal diseases.

General characters of different helminths, dentification of adults, larvae and eggs of the important helminths.

Technique of permanent preparation and museum specimens.

Elementary Entomology.—Techniques relating to collection dissection and identification of arthopodes of medical importance (ie., mosquitoes, fleas, ticks, mites, sandflies house flies, etc.)

Technique of permanent preparations and museum specimens

Chemical Pathology.—Technique—General chemistry composition, preparation and standardisation of reagents used in a chemical pathological laboratory.

PH and the selection and uses of indicators and buffer solution. A thorough knowledge of the preparation and standardisation of standard solutions and the technique of volumetric and gravimetric analysis method.

Apparatus care and uses of analytical balances spectroscope, polarimeters, nephalometers colorimeters; photometers apparatus, for determining PH.

Routine qualitative examination or urine, including the microscopical examination of the deposits (quantitative estimates of reducing substances in urine).

Blood General knowledge of the principles governing the estimation and general information in regard to technique for the estimation of sugar, urea, M.P.M. creatinine, Uric acid, chlorides, cholosterol calcium sodium, phosphates, bilirubin of serum and icterus index.

Metabolism of carbohydrates, protein and fats.

Liver function and renal function tests.

Gastric analysis tests for acidity, blood, starth bile mucous cerebrospinal fluid-estimation of chlorides, glucose, proteins, analysis of milk.

Haematological Technique.—Methods of counting red cells, leucocytes, resticulocates, blood platelets, methods on determining the haemoglobin. Use of haematocrit and calculation of absolute values, preparation of and staining blood films.

The formation and development of red cells leucocytes regeneration of the blood cells, and abnormalities met with in diseases.

Estimation Erythrocyte sedimentation rate.
Phatlet and reticulocyte counts.
Bone marrow aspirative method and the recognition of normal bone narrow cells.
Qualitative and quantitative assessment.
Determination of bleeding, coagulation and prothyonlin time clot retraction time.
Prothrontin time.
Fragility test.
Plasma protein estimation.
Coomb's test, cold aggultination tests.

Blood grouping fundamentals, nomenclature significance, method of grouping, including Rh system.
M.N. grouping.
Investigation of transfusion reactions.

Set up of a Blood Bank and the principles of blood transfusion techniques including the equipments and cleaning of the same. Technique of collection and storage of blood. Use of plasma for transfusion.

SYLLABUS FOR THE CERTIFICATE OF LABORATORY TECHNOLOGY.

The syllabus has been prepared on the basis of one year whole time course and must last at least. 1,150 hours of which practical instructions should cover 925 hours according to the schedule given below :—

	HOURS.
Chemistry, Physics and Biology	150
General Laboratory Method and Management	150
Bacteriological technique	300
Parasitological technique	200
Chemical Pathologiy technique	150
Haemotological technique	100
Pathological technique	100
Total ..	1,150

5. *Examinations.*—An examination will be held at the end of the whole course in December.

6. *Issue of certificate to successful candidates.*—Certificates will be granted to the successful candidates by a Board of Examiners which will be constituted by the Director of Medical Education.

7. *Tuition and Examination fees.*—No fee will be charged for the training or for the examination.

8. *Discharge of unsuitable candidates.*—Any unsuitable candidates will be expelled from the course at any stage of the training.

9. *Caution Money.*—Candidate will be required to pay a deposit of Rs. 50 (rupees fifty only) to cover any damage or loss of apparatus, etc.

10. *Re-examination of failed candidates.*—A re-examination will be held for failed candidates at the end of three months. A failed candidate will be required to undergo a fresh course of training. The additional period of each training will be stipulated by the Board with respect to each failed candidate. Not more than two failures will be allowed for the whole examination.

(G.O. Ms. No. 2163, Health, dated 13th June 1955.)
(G.O. Ms. No. 2087, Health, dated 2nd July 1958.)
(G.O. Ms. No. 823, Health, dated 15th April 1964.)

PART II—LABORATORY TECHNICIANS GRADE I COURSE.

1. *Educational Qualifications.*—The course will be open to serve candidates working as Laboratory Technicians, Grade II in the State, with a minimum experience of two years in the Laboratory with the following educational qualfiications—Must have appeared for the S.S.L.C. examination and obtained minimum of 35 per cent of marks in English and Science.

2. *Course of Training.*—The course will cover a period of one year. The training will be given in the king Institute of Preventive Medicine and in the following Medical Colleges in the State :—

1. Madras Medical College, Madras.
2. Stanley Medical College, Madras.
3. Kilpauk Medical College, Madras.
4. Madurai Medical College, Madurai.
5. Thanjavur Medical College, Thanjavur.

3. *Admission.*—Admissions will be restricted to thirty candidates at the King Institue of Preventive Medicine and twelve candidates in each of the Medical College.

4. *Syllabus.*—The syllabus for the course will be as follows :—

Laboratary Management.—Accommodation, equipment and facilities cleaning, care and maintenance,selection and testing of laboratory glassware sterilising and cleaning new glasswares sterilisation and cleaning of infected glassware ; preparation of routine glassware and apparatus for steri sation, special apparatus for collction of specimens, storage of sterilised glassware and equipment, storage of cultures media and diagnostic outfits.

Treatment and disposal of excreta and other infected material, housing feeding, breeding and management of healthy and experimental animal, storage of dangerous compounds, receipt and recording of specimens cataloguing and indexing, maintenance of laboratory records and

(i) Knowledge of despatch of biological material to out stations.

(ii) Knowledge of despatch of post-mortem material.

(iii) Knowledge of despatch of material for medical examinations in chemical examiner

A knowledge of the construction, maintenance and use of the following incubators, incubator rooms, refrigerators, cold rooms water baths, ovens, steamers, auto-claves, inspirartors, cen rifuges, pumps, s ills, balances, microtomes and its knives. General knowledge care and manipula ion of the microscope and its component parts. Types of oculars and objectives, Practice of microscopes including dark ground illumina ion. Phase contrast microscopes. Care and manipula'ion of various types of bacteriological filters, car and cleaning and sterilisation of syringes and needles, Glass manipulations, construction of simple peices of apparcus. minor repairs to laboratory apparatus.

Methods of sterilisation and their uses.

Chemicals, dry heat and boiling, steam under pressure, steam not under pressure, tyndallisation and filteration.

Bacteriological Technique.—The collection of materials, such as blood, urine, stool, pus, sputum, cerebrospinal fluid and other exudates (ascitic fluid, pleural fluid) for bac eriological examina'ion. Handling and preparation of the specimen for microscopical examina ion stained and unstained.

Staining Methods.—The composition, prepartaion and use of staining re-agents required for the iden ification and study of the principal pathogenie bacteria, and other micro-otganisms in films sections, sec ion and other prepara ions.

Culture Media.—The composi ion and methods of preparation of the types of culture media in general use of the isola'ion and iden'ifica'ion of pathogenic bacteria and the properties required of their ingredients. The special growth requirements of different species. Selec ive media and their mode of ac ion, Gaseous requirements and methods of providing for them.

Serological methods.—(a) Methods of performing agguti ation haemaggla ina ion tests, precxpita'ion, complement fixa ion and absorp ion rests and the condition governing these (b) Prepara'ion and preservation of re-agents used in these tests including the prepara ion of high titre sera in laboratory animals.

Complement fixation tests in typhus and virus infections.

General Principles of the methods employed in iden'ifying a micro-organisms. The particular charaters by which it is possible to identify each important pathogenic species and such non-pathogenic species as are interests in medical bacteriologicalwork.

Methods of performing bacterial counts, prepara'ions and s'andardisation of bacterial vaccines. Methods employed in the study of pathogenic fungi. The preservation of stock cultures.

Desermination of the sensitivity of bacterial to chemotherapeutics agents and antibiotics

Mehods in the bacteriological and chemical examina'ion of water and milk.

Assay of antibiotics in body fluids.

Testing of disinfectants.

A general idea on the cultivation of common viruses in embryonated eggs and the common staining methods used in virus work.

Mycology in identifica'ion of fungus disease.

Importance and use of laboratory animals for the iden'ifica ion of pathogenic oraganisms and the techniques involved in animals inocula ion and pos'-mortem.

Pathological Technique.—General mode of ac ions of different fixatives, composition pepara-tion and storages of fixing solu ions, their merits and limita'ions. Choice of fixa'ives as used for special purposes.

Investigation and embedding methods.

Section cut ing by paraffin embeddihg methods and microtomes, different types, thein construc ion and manipulation. Sec ion and use of bones and strops. The technique of solution cutting, meythods of mounting and drying.

Common staining methods haematexyling and coxin, Giemsa's Grams stain and prepara-tion of slides.

Museum methods, principles of prepara'ing museum specimens.

Parasitological iechnique.—Collection of blood, stool and other materials for the diagnosis of important protoznal diseases.

Different methods of preparation of the materials (including) staining and examina ion of specimens.

An outline of the characters of different protozoa and the stages of their development both inside and outside the body of the host.

Cultural methods for the isolation of protozoa.

Different serological methods for diagnosis of protozoal diseases.

General characters of different helminths, identification of adults, larvae and eggs of the important helminths.

Technique of permanent prepara ion and museum specimens.

Elementary Entomology.—Techniques rela ing to collec ion, disec ion and identifica ion of arthopodes of medical importance (e.g. mosquitoes, fleas icks, mites sandflies, house flies etc

Technique of permanent preparation and museum specimens.

Chemica Pathology Technique.—General chemistry composition, prepara ion and standardisation of re-agents used in a chemical pathological laboratory.

P. H. and the selection and uses of indicators and buffer solu ion, A through knowldege of the prepara ion and standardisation of satandard solutions and the technique of volumetric and gravimetric analysis method.
Apparatus care and uses of analytical balances spectroscope. polarimeters, nephalmeters, colorimetrs, photometers, apparatus for determining P.H.

Routine qualitative examination of urine, including the microscopical examination of the deposits (quan ita ive estimates of reducing substances in urine).

Blood General knowledge of the principles governing the estimation and general information in regard to technique for the estimation of sugar, urea, M.P.M. creatinine, Uricacid, chloridest cholosterol calcium, sodium phosphates, billirubin of serum and icterus index.

Metobolism of carbohydrates, protein and fats.

Liver function and renal functions tests.

Gastric analysis tests for acidity, blood, strath bile mucous cerebrospinal fluid-estimation of chlorides, glucose, proteins, analysis of milk.

Haemotological Technique.—Methods of counting redcells, leucocytes, reticulocytes, blood platelets, methods on determining the haemoglobin, Use of haemotocrit and calculation of absolute values, prepara ion of and staining blood films.

The formation and development or red cells leucocytes regeneration of the blood cells and abnormalities met with in diseases.

Estimation crythrocyte sedimentation rate.

Phatlet and reticulocyte counts.

Bone marrow aspirative method and the recognition of normal bone marrow cells.

Qualitative and quantitiative assessment.

Determination of bleeding, coagulaion and prothyonlin time clot retraction time.

Prothrontin time.

Fragility test.

Plasma protein estimation.

Coomb's test, old aggulutina ion tests.

Blood grouping fundamentals, nomen lature, significance, methods of grouping, including Rh system.

M. N. Grouping.

Investigation of transfusion reactions.

Set up of a blood bank and the principles of blood transfuion technique including the equipments and leaning of the same. Te hnique of olle tion and storage of blood. Use of plasma for transfusion

SYLLABUS FOR THE CERIFICATES OF LABORATORY TECHNOLOGY,

The syllabus has been prepared on the basis of one year whole-time course and must at least 1,150 hours of whith practieal instructions should cover 925 hours according to the schedule given below :—

	HOURS.
Chemistry, Physics and Biology	150
General Laboratory method and management	150
Bacteriological technique	300
Parasitological technique	200
Chemical Pathology technique	150
Haemotological technique	100
Pathological technique	100
Total	1,150

5, *Examination.*—An examination will be held at the end of the whole course in September.

6. *Issue of certi cates to successful candidates.*—Certiffcates will be granted to the successful candidates by a Board of Examiners which will be constituted by the Director of Medical Education.

Note The form of certificate is given in the annexure to these rules

7. *Tuition Fee and Examination Fees.*—No fee will be charged for the training or for the examination.:

8. *Discharging of unsuitable candidates*—Any unsuitable candidates will be expelled from the course at any stage of the training,

9. *Caution Money.*—Candidates will be required to pay a caution deposit ofRs. 50 to cover the damage or loss of apparatus, etc., But this will not be applicable to service candidates deputed by the Medical Department.

10. *Re-examination of failed candidates.*—A re-examination will be held for failed candidates at the end of three months. A failed candidates will be required to undergo a fresh course oi training. The additional Period for such training will be stibulated by the Board with respect to each failed candidate not more than two sailores will be allowed for the whole examination.

PART III—LABORATORY TECHNICIANS GRADE II COURSE

1. *Educational Qualifications.*—The course will be open to persons who possesses the following minimum qualifications :—

(i) Must have appeared for the S.S.L.C. examination.

(ii) Must have obtained not less than 35 per cent of marks in English and Science.

2. *Course of training.*—The course will cover a period of one year commencing from 1st April. The training will be given in the King Institute of Preventive Medicine, Guindy, and in the following five Medical Colleges in the state :—

(i) Stanley Medical College, Madras.

(ii) Kilpauk Medical College, Madras.

(iii) Chengalpattu Medical College, Chengalpattu.

(iv) Madurai Medical College, Madurai.

(v) Thanjavur Medical. College, Thanjavur

3. *Age.*—Age-limit for admission to the course will be twenty-three years for S.S,L.C. holders. This will not be applicable to the service candidates.

4. *Admission.*—Admissiions will be restricted to seven private candidates and eight service candidates in each training centre.

5. *Syllabus.*—The syllabus for the course will be as follows—

SYLLABUS.

BACTERIOLOGY.

1. *Preparation and sterilisation of glassware and media*—

(*a*) *Glassware.*—Preparation. Cleaning and sterilisation.

(*b*) Preparation of simple media and combined mdia, including methods of their setrilisation, care and operation of different types of sterilizers, Hot Air Ovent.

2. GENERAL BACTERIOLOGICAL TECHNIQUE.

(*a*) Training in the operation and care of routine laboratory equipment, such as,mirco copes, incubators, water baths and centrifuges, etc.,

(*b*) Staining methods including preparation of simple stains.

(*c*) Cultural methods and use of media.

(*d*) Technique of agglutination tests.

(*e*) Disinfection and sterilisation of contamination mateiils.?

(*f*) Handling of laboratory animals.

3. SEROLOGICAL TECHNIQUE.

(*a*) Care of apparatus used in the tests.:

(*b*) Preparation of material for examination.

4. MAINTAINING OF RECORDS.

The candidates will have lecture demonstrations once a week by the officers of the Institute.

PATHOLOGY.

1. *Clinical Laboratory Methods*—

(*a*) Preparation of simple reagents, etc., Fehling's and Leishmen, etc.,

(*b*) Staining of smears by routine methods, e.g., Gram, Ziehl Neilson.

(*c*) Technique of examination of Urine, Faeces, sputum, blood, etc., (Qualitative),

2. *Attendant on the post-mortem room.*—

(*a*) To get acquainted with the use of instruments and render intelligent assistance to the pathologist

(*b*) Collection and handling of pathlogical material received from the hospital and post-mortem room.

(*c*) The candidates sewill have lecture demonstration once a week by one of the Medical Officers of the Department.

3. *Course in Bio-Chemistry*—

(*a*) Cleaning the glassware, colorimeter and other pieces of apparatus used.

(*b*) Preparation for fractitional test meal and for other tests like kidney function, liver function tests.

(*c*) use of rough balance.

(*d*) Preparation of solutions used for qualitative tests.

(*e*) Techniques of simple qualitatives tests used in routine bio-chemical analysis.

(*f*) Setting up of apparatus for routine quantitative bio-chemical analysis.

(*g*) Setting up of B.M.R. apparatus.

The candidates will have lecture demonstrations once a week on fundamental principles.

6. *Examination.*—The examination will be held at the end of the whole course in March.

7. *Issue of certificate to successful candidates.*—Certificates will be granted to the successful candidates by a Board of Examiners constituted by the Director of Medical Education.

NOTE.—The form of certificate is given in the Annexure to these rules.

8. *Tuition fee and examination fee.*—No fee will be charged for the training or for the examination.

9. *Discharge of unsuitable candidates.*—Any unsuitable candidates will be expelled from the course at any stage of the training.

10. *Caution money.*—No caution money is collected for the training.

11. *Re-examination of failed candidates.*—A re-examination will be held for failed candidates at the end of three months. A failed candidate will be required to undergo fresh course of training. The additional period of such training will be stipulated by the Board with respect to each failed candidate. During this period the candidate will not be eligible to any stipends. Not more than two failures will be allowed for the whole examination.

(G.O. Ms. No. 36, Health, dated 5th January 1959, G.O. Ms. No. 390, Health, dated 20th February 1965 and Government Memorandum No. 47878/H-8/66-3, Health, dated 9th August 1966.)

ANNEXURE.

Form of certificate to be issued to successful candidates in the Certificate of Laboratory Technology.

GOVERNMENT OF TAMIL NADU.

MEDICAL DEPARTMENT.

CERTIFICATE OF LABORATORY TECHNOLOGY.

This is certify that.. has passed the Government Examination held in..19 , at the King Institute, Guindy, after satisfactorily undergoing prescribed courses of lectures, practical demonstrations and training according to the syllabus prescribed in G.O. No. 2163, Health, dated 30th June 1955 for the Certificate of Laboratory Technology and that he has therefore in our opinion received a training that qualified him for the post of Laboratory Technician, Grade I in the State of Tamil Nadu.

Director,
King Institute, Guindy.

Madras :

Dated : 19

Chairman,
Board of Examiners.

ANNEXURE.

Form of certificate to be issued to successful candidates in the Laboratory Technicians, Grade I Course.

GOVERNMENT OF TAMIL NADU.

KING INSTITUTE OF PREVENTIVE MEDICINE, GUINDY, MADRAS.

BOARD OF EXAMINATION.

LABORATORY TECHNICIAN GRADE I COURSE.

The Board hereby makes known that this Certificate in Laboratory Technicians, Grade I Course has been awarded to.. who after undergoing one year course of Laboratory Technique, study in Pathology, Bacterio logy and Bio-chemistry according to the syllabus Prescribed in G.O. Ms. No. 36, Health, dated 5th January 1959 and G.O. Ms. No. 2017, Health, dated 10th September 1964, was certified to be qualified to receive the same by duly appointed examiners at the Final Examination of the Board held in 19

1.

2.

3.

Board of Examiners.

Madras :

Date : 19

Chairman,
Board of Examiners.

RULES RELATING TO THE TRAINING OF NURSING ASSISTANTS.

1. *Centres for training.*—All Government hospitals in the Madras City, all District Head quarters hospitals and the Government hospitals at Coonoor, Kumbakonam, Srirangam and Karur and such other institutions, as may be approved by Government, from time to time, will be regarded as recognised training centres for the training of Nursing Assistants.

2. *Admission of candidates.*—Every candidate recruited for appointment as a Nursing Assistant in the Tamil Nadu General Subordinate Service will be sent to a selected training centre for a period of one year.

3. *Educational qualification.*—A candidate for training as a Nursing Assistant must have passed the VIII standard in a recognised school or must possess the Indian Army Third-Class Certificate of Education.

NOTE.—(1) The 'term recognized schools, shall mean a school maintained by or opened with the sanction of the Government of Tamil Nadu or to which recognition has been accorded by the Director of School Education, Madras ufider the Tamil Nadu Educational Rules.

(2) Headmasters of elementary schools are not authorized to issue leaving or transfer certificates, Puplis leaving schools after passifig the fifth or any highest standard will be granted, on application, a school leaving certificate by the Deputy Inspector of Schools or Sub-Assistant Inspectress of Schools, as the case may be. In the case of secondary schools a tranfser cert ficate issued by the headmaster of the school to the effect that the candidate has passed the V class may be accepted for the piurpose of this rule.

(3) Persons not possessing the educational qualification prescribed above may be appointed in acting and temporary vacancies of Nursing Assistants and admitted for the training course if qualified persons are not available. But such cases should be reported to the Director of Health Service and Family Planning and the previous approval of the Director of Health Services and Family Planning should be obtained for the permanent retention of unqualified persons in substantive vacancies.

4. *Age-limit.*—A candidate for training must not have completed 25 years of age.

5. *Syllabus.*—The syllabus for the course will be as shown in Annexure I to these rules.

6. *Pay and allowances during the period of training.*—While under training the trainees will draw the minimum pay in the scale sanctioned for qualified II Grade Nursing Assistants.

7. *Washing of uniform at Government expenses.*—Uniforms supplied to Nursing Assistants in Government hospitals shall be washed at Government expense. The washing will be arranged for by the Superintendents or the Medical Officers in charge of the hospitals. No separate allowance will be granted to the Nursing Assistants for this purpose.

8. *Free quarters or house rent allowance.*—Female Nursing Assistants will be allowed rent-free quarters while male nursing assistants should pay rent for the quarters, if any, provided for them at the concessional rates which may be sanctioned by Government from time to time.

9. *Examinations.*—The examination will be oral and practical. It will be conducted by—

(1) Resident Medical Officers in the case of the City State hospitals.

(2) Assistant District Medical Officers in the case of all District Headquarters hospitals.

(3) The Senior Medical Officer in charge in the case of other Government hospitals

The minimum number of marks required for a pass in the examination shall be as follows :—

	Maximum.	*Minimum.*	
		First Class.	*Second Class.*
(1)	(2)	(3)	(4)
Orals	25	15	13
Practical	75	50	38
Total ..	100	65	50

A candidate who fails in the first attempt to pass the examination will be allowed another chance to appear at the subsequent examination. But if he fails for second time, his probation shall be terminated.

10. *Special concession to demobilised personnel.*—(1) Candidates who have rendered war service as nursing assistants may be exempted from training as nursing assistants in Civil Government hospitals if the duration of their war service is for two years or more and if it is less than two years, the period of military service rendered by them may be computed as half the period for the purpose of undergoing the nursing assistant's training.

(2) All such military candidates, irrespective of the length of their war service should pass the necessary examination prescribed for nursing assistants failing which they will not be granted increments or confirmed in the posts of nursing assistants.

11. *Issue of certification to successful candidates.*—A certificate in the form given in Annexure II to these rules will be issued to successful candidates.

ANNEXURE I.

SYLLABUS FOR TRAINING.

Introductory.—General qualities to be acquired by a Nursing Assistant, viz., obedience, discipline, harmless, tact, thoughtfulness for others and common sense, manners and morals, kindness, sympathy rendering all services to patients with no desire for tips or remuneration of any kind.

1. *Hygiene.*—(*a*) *General Aid*—Necessity of fresh air especially for the sick.

Hygiene of the room of ward—Ventilation—Light temperature of the room—prevention of draughts, evils of over-crowding of the room with furniture, purdahs, draperies. Avoidance of dust, collection of rubbish and discharges.

(*b*) *Personal hygiene.*—Cleanliness of clothing, hands, face, mouth and hair. Use of soap and water and nail brush. Dangers of infecting clean surgical and maternity cases by sores and wounds on hands or other open surface. Carries of infectious disease—Change of clothing and bath when nursing infectious cases before mixing with others.

(*c*) *Toilet of the patient.*—Daily cleaning of patients face, hands, trunk lower limbs—in rotation cleaning of hair—pediculi—treatment of—cleanliness of nails—of mouth—sores—change of bed linen.

(*d*) *Elementary sanitation.*—General cleanliness of wards and surroundings.

II. *Food.*—(*a*) In health and disease—what is meant by food. Varieties of food—solids and liquids—kinds of liquid, food used for the sick—with quantities and hours of feeding—manner of feeding bed cases—by mouth—by nose—per rectum. Use of water and its necessity in certain cases with quantity. Hospital diets—dangers of uncooked food—serving of patients' food and cleanliness of vessels and utensils.

(*b*) *Digestion and excretion.*—Definition, organs of digestion and excretion—chief diseases arising from improper digestion and excretion due to improper feeding. Evils of overfeeding—regular daily evacuation necessary to maintain health—Dangers of smuggling article of diet.

III. *Conveying and handling of patients.*—(1) Modern METHODS of conveying the sick, i.e., ambulance cars, stretchers, chairs. The object of these being done with rapidly of movements combined with smoothness (no jolting).

(2) The method of dressing and undressing the sick in bed.

(3) Methods of transferring a patient from the sick bed on to a stretcher or chair or vice versa.

(4) Methods of handling unconscious patients.

(5) Attention to bed-ridden cases.

IV. *Attendance of infectious cases.*– Spread of infection caused by personel precaution to guard against infection. Disinfectants—definition—varieties in common use—how prepared. The importance of disinfectant in modern surgical practice and on the dressing of wounds. Their importance on modern hygiene in the prevention of disease. Hankinization of wells, chlorination of drinking water. Disposal of excreta and discharges specially infectious disease—modern methods of disinfection of excreta; disinfection of linen—setting apart linen for infectious cases—disinfection of patient room and crockery.

V. *Medicines and their administration.*—(1) Methods of giving drugs by the mouth, lungs, skin, rectum and under the skin.

(2) Accuracy in giving medicines, time frequency—quantity—various measures used.

VI. *Enemata.*—Definition—method of administration varieties—purgative nutrient—other medicated enomata—the use of rectual tube.

VII. *External applications.*—Counter-irritants—poultices. Gargles—eye-lotion, eye-drops—counter-irritant varieties. Leeches—ointments—lotions—poultices—varieties—fomentations and stupes—hot water bottles—ice bags—ice poultices.

VIII. *Baths and jacks.*— As apart from cleaning baths—cold bath—hot bath—hot air bath—vapour bath—mercurial bath—continuous bath—arms and leg bath—medicated baths—hot pack, cold pack sponging.

IX. *The nursing of helpless patients.*—Washing of patients—cleaning of mouth and teeth and materials used in cleaning bed sores—cause prevention—treatment. Moving of helpless patients from a stretcher to a bed or operating table. Change the sheets. A draw sheet-feeding of patient. Use of feeding cup. Bed pans, urinals, nasal feeding—care of the dead.

X. *The observation of sick.*—Reporting on a patien —written report on seriously ill—what to observe—position, expression. The skin—eyes—ulcers-scars, jaundice, etc., Digestive system—Presence of sores on the lips, teeth, tongue. etc., Excretary system stools—urine respiratory system—respiration, cough—Nervous system—fits, delirium, sleep—the temperature the clinical thermometer—normal temperature fever, rigors and pulse rate quality.

XI. *Signs and symptoms of some of the more common and important dangerous diseases requiring skilled nursing*.—(1) *Enteric or typhoid fever.*—Method of infection—Diet and feeding of disposal of excreta and discharge complications and nursing-treatment of absolute rest in bed.

2. *Diphtheria.*—How Infected—segregation of diet and feeding of—disposal of excreta discharge complications-Tracheotomy.

3. *Dysentery*—Mode of infection—flies—diet and feeding—disposal of excreta.

4. *Cholera.*—Conveyed by—boiling of water—preventive measures—disposal of excreta and vomit recording of rectal temperature—use of hypotonic saline.

5. *Small-pox*—Air borne disease—Segregation—vaccination—Hyperpyrexia.

6. *Tetanus*—Causation—segregation from other surgical cases—diet and feeding—avoidance of light—noise—prevention of biting of the tongue.

7. *Labour pneumonia.*—Absolute rest in bed—use of hydrotherapy—dyspepsia and cyanosis-use of oxygen—watching forcrisis—danger of heart-failure, use of oxygen after cyanosis.

XII. *Surgical nursing.*—(*a*) *Surgical cleanliness*—Rest—local and general.

(*b*) *Sterilisation and cleaning of*—

(1) Instruments.

(2) Ligatures and sutures.

(3) Bowls and trays.

(4) Towels, gowns—dressings and swabs

(5) The hands.

(*c*) *Operations*—

(1) Preparation of the patient.

(2) *After-treatment of operation cases.*—Preparation of bed—watchfulness bed cradle—feeding withheld until ordered—shock and haemorrhage and the treatment until seen by surgeon.

(3) *Operation theatre.*—Manner of cleaning and dusting-furniture and equipment of a modern theatre.

(4) After-treatment and management of tracheotomy cases.

XIII. *Managements of wards.*—(1) Ventilation of wards vitiation of air more likely than in ordinary rooms on account of emanation from the patients bodies, their linen and excreta, their wounds, dressings, etc., necessity of several inlets and outlets.

(2) Duty of attendants.

(3) Floor of ward.

(4) Dusting.

(5) Cleaning of walls, windows, wood-work, brass work and utensils.

(6) Cleaning of beds—vermin—dangers of mosquitoes, bugs, lice and flies—their sources and remedies.

(7) Air and water beds—use of.

XIV. *Bandaging.*—To be demonstrated—

(*a*) *The object of bandaging.*—To fix splints or dressing—to apply pressure to prevent movements, etc.,

(*b*) Various types of bandages in use and the method of using them.

(*c*) The importance of cleanliness in dressing cases.

XV. *Wounds.*—Classification—manner of cleaning and dressing—danger of tetanus and a sepsis antiseptic lotions and dressings in common use.

XVI. *Bleeding on haemorrhage*:— Varieties—watchfulness necessary—Immediate report to surgeon, when there is serious bleeding, Temporary arrest of bleeding—digital pressure—application of tourniquet—position of main arteries.

XVII. *Fractures and First-aid.*—Cause of fracture—varieties—Application of splint—Importance of sepsis in compound fractures and immobility in treatment—massage. Splints—varieties to be shown and demonstrated improvised splints—padding of splints fracture beds-use of sand bags danger of tight bandaging plaster of Paris and its use.

XVIII. *Instruments and appliances.*—(*a*) Show the common instruments in use in the medical and surgical wards and name them.

(*b*) Their care and mode of cleaning and replacing.

(*c*) The special care required in dealing with rubber articles—gloves—catheters—stomach tube, etc.

(*d*) Impress the necessity of keeping each article in itsplace.

XIX. *Lectures on first-aid.*— Suffocation—drowning—poisoning.

ANNEXURE II.

FORM OF CERTIFICATE.

This is to certify that has undergone training as a Nursing Assistant for a period of one year in the Government Hospital, In accordance with the approved syllabus and that he has passed the examination conducted at the end of the course in the class.

Countersigned.

Resident Medical Officer.

Assistant Superintendent.

Superintendent :

Station : Government Hospital.

Date :

(G. Os. No. 1121, P.H., dated 7th May 1930, No. 1780, P.H., dated 23rd September 1931. No. 869, P.H., dated 19th March 1936 and No. 1686, P.H., dated 7th May 1946, SurgeonGeneral's Circular P. No. 94-H, dated 30th May 1931, Surgeon-General's Circular P. No. 141-H, dated 16th April 1941 and Surgeon-General's Circular P. No. 98-G, dated 6th March 1946.)

APPENDIX XV.

RULES RELATING TO ANTIRABIES TREATMENT.

PART I.

MEMORANDUM OF INFORMATION FOR THE GUIDANCE OF PATIENTS DESIRING TO UNDERGO ANTIRABIES TREATMENT.

Persons bitten by, or otherwise exposed, to the risk of infection from an animal known or suspected to be rapid should undergo antirabies treatment immediately. The following items of information should be considered in deciding up on the necessity for antirabies treatment:—

(i) A rabid animal may be paralysed or may display abnormal energy and fury.

(ii) An animal may be rabid without exhibiting any fear of water.

(iii) An animal is seldom infective prior to an interval of ten days before symptoms of rabies are observed.

(iv) Any person who is bitten by an unknown dog without provocation should report for treatment at the nearest of most accessible antira ies treatment centre without delay. Experience has shown that such dogs are frequently rabid.

(v) When a dog which is known bites a person, the animal should be kept tied up under observation for a period of ten days and the following action taken :—

(*a*) If the dog is apparently healthy at the time of inflicting the bite the treatment appropriate to the degree of exposure should be started at once and discontinued on the 6th day if the dog is alive and well for 5 days.

(*b*) If however the dog should develop symptoms even remotely suspicious of rabies during the 10 days observation period the full course of treatment should be given.

(*c*) If the dog is clinically rabid at the time of biting full course of treatment as appropriate to the risk should be given immediately.

(*d*) The incubation period of rabies is variable. Average maximum incubation period is six months. On very rare occasions, it may be prolonged as long as eight months to a year. Therefore, any individual reporting for antirabic vaccination upto six months from the date of bite from an animal that died of rabies or whose fate is unknown cannot be denied antirabic treatment because he is still within the maximum incubation period of disease and is running the risk of it.

(D.G.H.S., New Delhi, Lr. No. 10-1/73, P.H. (CD and L), dated 27th April 1972 communicated in this office K. Dis. No. 130072A1/3/73, dated 28th July 1973.)

(vi) (*a*) Any person who is attacked and bitten by a wild jacal or cat (without provacation) should undergo antirabies treatment because it is highly probable that such animal are rapid.

(*b*) Persons who are scratched by the claws of a rabid animal should undergo antirabies treatment.

(*c*) Persons with cuts or abrasions on the skin or mucous membranes who are licked on the damaged parts by a rapid animal should receive antirabies treatment.

(*d*) Persons licked on intact mucous membrane of the mouth, nose, anus, genitals, or on the conjunctive, etc., by rabid animal should also receive antirabies treatment.

(vii) Persons, the continuity of whose skin and mucous membranes are unimpaired and who are licked by a rabid animal, need not be treated, nor does the handling of rabid animals by similar persons render treatment obligatory.

(viii) Wounds caused or licked by rabid animals, should be properly cauterized as quickly as possible. After preliminary washing with some antiseptic lotion, if possible, the wounds should be dried and cauterized with fuming nitric acid. If concentrated acid nitric is not available, pure carbolic acid or the actual cautery may be substituted.

In cases of difficulty or doubt which are not covered by the information given in this memorandum ,a communication describing the relevant circumstances in details should be addressed to the Director, pasteur Institute, Poonoor-3, who will gladly offer such additional information and advice as he is able to give. He also supplies free of cost on request instructions regarding classification of patients, dosage of vaccine to be given and other particulars regarding antirabies treatment to the treatment centres.

Combined serum and vaccine treatment is considered as the best specific available for the post exposure prophylaxis of rabies in man This treatment is essential in all cases of jackal and wild animal bites as well as in severe bites inflicted by other rabid animals Experience indicates that vaccine alone is sufficient for minor exposures.

Antirabies serumreadily available for use is the concentrate prepared from the serum of horses hyper-immunised with rabies antigen. This should be given intramuscularly in a single dose after ensuring that the patient is not sensitive to the hetrologus serum component, As treatment with serum alone is not effective vaccine therapy should be instituted in all cases given serum.

The serum in single dose ampoules for the treatment of adult and child patient is supplied only by V.P.P. to various treatment centres from the pasteur Institute, Coonoor, on indents.

Vaccine for use in varous treatment centres located at the Government Medical Institutions is supplied by the Director, paster Institute, Coonoor-3, on receipt of indents, either by V.P.P. or by registered parcel post along with the relevent bill.

The vaccine and serum are supplied from the Institute at the prevailing rates, packing, postage, sales tax, etc., being extra. The indenting officers should ensure that the bills sent by the Director, Pasteur Institute, Coonoor, in respect of vaccine supplied on credit are paid by cash or bank draft payable at par on any bank located at Coonoor promptly.

Breakages if any noticed during transit in vaceine and serum rapcels sent from the Pasteur Institute should be borne by the indenting officers.

If bills are not settled as above, the supply of vaccine on credit will be discontinued at the discretion of the Director as the main source of income to the Institute is realised by the supply of antirabies vaccine.

2. Patients requiring antirabies treatment should report for treatment at the nearest or most easily accessible treatment centre without delay.

3. Antirabies treatment is available at the Pasteur Institute, Coonoor, Government General Hospital, Government Stanley Hospital, Government Royapettah Hospital Kasturba Gandhi Hospital, Madras, District Headquarters Hospitals, other Government Primary, Local Body and Municipal Medical Institutiods and Primary Health Centres, etc., in the State of Tamil Nadu, The Lawrence School, Lovedale and at many Mission Hospitals including the following :—

Danish Mission Hospital, Tirukoilur, South Arcot District.

London Mission Hospital, Erode, Coimbatore District.

National Missionary Society Mission Hosital, Tirupattur, North Arcot District.

Scudder Memorial Hospital, Ranipet.

Wesleyan Mission Hospital, Ikkadu, Tiruvallur, Chingleput District.

Wesleyan Mission Hospital, Tiruvallur, Chingleput District.

Medical Officers in charge of subsidised and non-subsidised rural dispensaries who are rained and registered private Medical Practitioners(Modern Mdicine)in the State of Tamil Nadu may obtain antirabies vaccine on payment from the Director, Pasteur Institute, Coonoor, for the treatment of their private patients only. The vaccine required for a complete course will be supplied by the Director of Institute at the prevailing price plus packing charges, postage and sales tax and is issued only by value payable parcel post. The issue of vaccine to such medical officers and private medical practitioners is subject to their undertaking to carry out the treatment strictly in accordance with the instructions issued from the Pasteur Institute, Coonoor, and to complete and forward the necessary health returns to the Director of the Institute. Failure to comply with these conditions will render the medical men responsible ineligible for the further supply of antirabies vaccine.

3-A. Antirabies vaccine may be issued on payment of cost to Registered L.I.Ms. subiect to the following conditions :—

(*a*) They should undergo trainng at their cost in the method of administration of antirabies reatment for two weeks at a Government Training Centre and obtain certificate to that effect from the Officer-in-charge of the centre.

(*b*) They should give an undertaking that they would carry out the instructions issued from the Pasteur Institute, Coonoor and that they would complete and forward the necessary health returns to the above Institute as and when they were required.

Antirabies vaccine should be issued to them only on the production of the certificate referred to in (*a*) above and on their giving the undertaking referred to in (*b*) above to the issuing authority.

4. Those who desire to undergo antirabies treatment at the Pasteur Institute, Coonoor, or at any of the mission hospital enumerated above are at liberty to do so at their own expenses.

5. No charge is made for treatment at the Pasteur Institute, Coonoor, but those who are in a position to do so are expected to make an appropriate contruibution to the funds of the Institute.

It is pointed out antirabies treatment is decentralised since 1922 and going to the Pasteur Institute, Coonoor, for such treatment is not essential.

The maximum course of treatment covers a period of ten consecutive days but this causes little or no inconvenience and patients may lead a normal existence in so far as the rules of life recommended permit.

6. Information for those who proceed to Coonoor—

(*a*) Coonoor is situated on the Nilgiris Hills about 6,000 feet above sea-level and can be reached by the Nilgiris Railway from Mettupalayam in about three hours or by motor road.

(*b*) Mettupalayam is on the South West branch of the Southern Railways and is easily accessible from all parts of Southern India. The Institute is about 1-6 K.M. from the Coonoor Railway Station to which it is connected by motor road.

(*c*) *Climate.*—The temperature of Coonoor ranges between 60° F and 75° F from March to September and between 40° F and 60° F from October to February.

(*d*) The annual rainfall is about 175 cms. the greater part of which is received during the north-east monsoon in October, November and December.

(*e*) Persons coming from the plains require fairly warm, but not heavy clothing and bedding.

(*f*) *Accommodation.*—Indigent patients are accommodated in the free quarters in the Institute compound and will be provided with blankets and cooking pots. There are several hotels and boarding houses which are open all the year round.

(*g*) Europeans and Anglo-Indians are not accommodated at the Institute, but must make their own arrangements for boarding and lodging. Persons who cannot afford hotel rates can find inexpensive lodgings in the town within 1—2 kilometres from the Institute.

(*h*) Well-to-do Indians can find houses in convenient situations, and others can arrange for lodging and meals in the town.

(*i*) Military patients are given antirabies treatment at their respective military hospitals and wherever there are no recognised military antirabies treatment centres, at the nearest civil hospital.

7. All persons may obtain antirabies treatment at any of the other treatment centres provided by Government which is most convenient to them. *vide* paragraph 3. Treatment at these centre is free only to indigent persons, that is, prsons whose pay or income does not exceed Rs. 200 per mensem. to all Government servants and to families of all non-gazetted Government Servant and employees of local bodies drawing salaries not exceeding Rs. 200 per mensem and to their families. All others will be charged the price of the vaccine at the prevailing rate, plus sales tax and in addition the charges incurred on account of any telegrams sent to the Pasteur Institute, Coonoor, for vaccine for that treatment, if they are admitted as in-patients, the usual nursing and dieting charges will be levied in addition.

NOTE.—In the case of military patients and their families who are entitled to free medical treatment at the expense of the Defence Services Estimates as defined in regulations for the Medical Services of the Army in India, bills on account of antirabies treatment rendered and vaccine supplied to them during each month, together with particulars of such patients or their families, should be forwarded by Officers in-charge of Government antirabies treatment centres to the Officer Commanding, Military Hospital concerned, who will certify on the bills that they. relate to patients entitle to free antirabies treatment and the certifieed bill will be returned to the Officer in-charge of the treatment centre concerned. who will arrange with his Accounts Officer to raise the necessary book debit against the Controller of Military Accounts concerned. In the case of non-Government antirabies treatment centres the Officer Commanding Military Hospital, will counter sign the bill and forward it to the Controller of Military Accounts concerned for payment and adjustment agains the grant effected.

The expenditure involved is debitable to hed "2-1, Medical Services—a. 8. Miscellaneous and Incidential expenses " of the Defence Services Estimates.

(1) House Surgeons and House Physicians employed in Government Hospitals, students and pupils in the Government Medical Colleges (including Military pupils) and nurse-pupils in Government Hospitals are given free antirabies treatment.

(2) The Medical Officer in-charge of the treatment centre may, in his descretion, charge ful or half-cost of the antirabies vaccine. The reasons for not charging the full cost should be recorded in writing.:

8. Patients who are sent to the Institute or other treatment centre by or at the expenses of private employees, friends or other private persons or associations, should be provided by them with the cost of their return journey and also with sufficient money to pay for their food during the course of treatment which lasts for ten days. If desired, money for these purposes may be sent to the Director, of Institute or the Medical Officer in-charge of the treatment centre, and this course is strongly recommended in the case of menial servants and illiterate or irresponsible people,

APPENDIX XV

PART II.

RULES FOR THE GRANT OF CONCESSIONS TO GOVERNMENT SERVANTS AND THEIR FAMILIES AND INDIGENT PERSONS NOT EMPLOYED IN THE PUBLIC SERVICE TO ENABLE THEM WHEN EXPOSED TO INFECTION FROM RABID ANIMALS OR THOSE SUSPECTED TO BE RABID TO PROCEED TO THE PASTEUR INSTITUTE AT COONOOR OR ANY OTHER TREATMENT CENTRE PROVIDED BY THE GOVERNMENT.

1. "Government Servants" in these rules means a Government Servant whether temporary, officiating or permanent, paid from State Revenues or from Port and Marine funds administerd by the Government and includes a member of the work-charged establishment of the Public Works Department or of a temporary establishment in the Forest department sanctioned under section 7 (*b*) of the Tamil Nadu Forest Code or of piece-work or day extra establishment in the Government Presses but does not include a Government Servant on foreign service or in Municipal or Panchayat Union Service ; it also includes a Government Servant whose pay is debitable to Central Revenues if he is under the administrative control of the State Government acting as the Agent of the Central Government.

2. Government servants and their families when exposed to infection from rabid animals or those suspected to be rabid may proceed for anti rabic treatment either to the Pasteur Institute Coonoor, or to any of the other treatment centres other than Mission hospitals, provided by the Government whichever is nearest to them.

3. Any Government servant who has difficulty in finding at once the means to enable him to proceed to the Pasteur Institute, Coonoor, or any other centre for anti-rabic treatment that is nearest may be granted—

(i) an advance not exceeding his actual travelling expenses to and from the place to which he is proceeding for anti-rabic treatment, viz (*a*) single fare each may by railway of the class by which he is entitled to travel on duty, (*b*) for journeys by road or river the actual cost of transit, not exceeding the amount admissible under the rules. The expenses for the return journey should be paid to the patient after the treatment is finished, by the Treasury Officer of the station on production of a discharge certificate from the medical officer in charge of the centre, and in the case of a treatment centre where there is no Government treasury, the Medical Officer in-charge of the centre should advance the expenses for the return journey from the permanent avdvance held by him and subsequently recover the same from the nearest Government treasury.

(ii) an advance of one month's pay; and

(iii) casual leave for twenty days if he is employed in a place which is a treatment centre and casual leave for twenty days plus the time required to go to and return from nearest treatment centre, if he is employed in a place which is not a treatment centre, provided that if the absence of such Government servant makes it necessary for a substitute to be appointed during this period, the period of absence may, under the orders of the Government, be treated as extra leave on full average pay not debitable to his leave account and not as casual leave. Any further leave required should be leave on full or half average pay, as the case may be, debitable to his leave account.

NOTES.—(1) The word 'pay' occuring in this and subsequent rules should be interpreted as referring to substantive pay as defined in rule 9 (28) of the Fundamental Rules.

In the case of a Government servant without a lien on a permanent post, pay actually drawn may be taken as substantive pay.

In the case of a piece-worker employed in the Government Press, Madras, and its branches, 'pay' will mean pay calculated at class rates and in the case of day-extra establishments pay calculated at the rate fixed for them

(2) The grant to last grade servants of extra leave on full average pay contemplated in this rule is not subject to the usual condition that there should be no extra expense to the Government.

(3) The maximum leave admissible to a member of the work-charged establishment of the Public Works Department or of piece-work or day-extra establishment in the Government Presses to whom the concession is extended, will be casual leave for fifteen days if he is employed in a place where the anti-rabic treatment is available and casual leave for fifteen days plus the time required to go to and return from the nearest treatment centre if he is, employed in a place where such treatment is not available: provided that, if a substitute is appointed, the whole period of leave will be treted as leave without allowances. Any further leave required will also be rreated as leave without allowances.

(4) In the case of Government servants whose pay does not exceed Rs. 130 per mensem, the recovery of the amounts advanced as travelling allowance may be waived, in the case of those drawing over Rs. 130 but not more than Rs. 200 where special circumstances exist the recovery of the amounts advanced as travelling allowance may be waived altogether or in part, if the head of the department thinks fit.

4. Any Government servant a member of whose family is exposed to infection from a rabid animal or those suspected to be rabid and who has difficulty in finding at once the means of sending him or her to the Pasteur Institute, Coonoor, or to the nearest treatment centre other than a mission hospital may be granted an advance not exceeding the actual travelling expenses admissible under rule 3(i) plus one month's pay. If he does not draw more than Rs. 200 a month, an advance of the travelling expenses of an attendant, if necessary, may be given to a similar amount and subject to the same conditions of recovery (see below) as for the patient. In the case of Government servants whose pay does not exceed Rs. 130, the recovery of the amounts advanced as travelling expenses for the members of their families and for the attendant may be waived. In the case of those drawing over Rs. 130 but not more than Rs. 200, where special circumstances exist the travelling expenses advanced for the members of their families and for the attendent may be waived altogether or in part if the head of the department thinks fit.

5. All Officers of the Medical Public Health and Animal Husbandry departments of whatever class are treated as on duty for purpose of pay, travelling allowance, leave and pension for the period covered by their journeys to and from the nearest centre for anti-rabic treatment and their residence at any of the centres provided that they come into contact with rabid or suspected animals while actually discharging their official duties.

6. Government servants drawing more than Rs. 130 per mensem proceeding to the Pasteur Institute or any other centre for treatment should bear the cost of thair maintenance both during their journey and while under treatment at the Institute or the inoculation centre. Those drawing not more than Rs. 130 per mensem are entitled to maintenance allowance during treatment as well as during the journey to and from the Pasteur Institute or the nearest treatment centre, at the rates of daily allowance admissible to them under the Tamil Nadu Travelling Allowance Rules, The same concession is also admissible to them under the Tamil Nadu Travelling Allowance Rules. The same concession is also admissible to members of the families of Government servants who undergo anti-rabic treatment.

NOTE.—The menials employed in the Medical, Public Health and Animal Husbandry Departments who are paid from contingencies who come into contact with rabid or suspected animals while actually discharging their official duties are entitled to the concession admissible under rules 5 and 6 above.

7. The Officers of the State of Tamil Nadu mentioned in Annexure-A are authorised to grant the above mentioned concessions to Government servants employed under them or subject to their authority.

8. The despatch of every Government servant or every member of the family of a Government servant to the Pasteur Institute, Coonoor, or the nearest centre for anti-rabic treatment other than a mission hospital should at once be reported to the officer immediately superior to the officer by whom the patient is sent, and by that officer, if he is not the head of the department, to the head of the department. Where the head of the department himself sends the persons, no further report will be required. A report should also at once be made direct to the Director of the Pasteur Institute, Coonoor, or the Medical Officer in-charge of the inoculation centre concerned, in the form given in Annexure B.

9. The Director of the Institute or the Medical Officer in-charge of the inoculation centre, on production of satisfactory proof of indenty and of adequate evidence that the patient, if a Government servant, did not receive an advance of one month's pay admissible to him under these rules as a recoverable loan, may grant to such Government servant an advance not exceeding one month's pay, in intimating the grant to the head of the department to which the Government servant belongs with a view to the recovery of the sum advanced from his pay in not less than three but not more than twelve monthly instalments. The proof furnished by the Government servant will be made a voucher and the charge will be recovered by the Director or the Medical Officer in-charge of the inoculation centre from the officer in-charge of the treasury or sub-treasury, who will when necessary, arrange to pass it on to the district concerned. Subject to the same conditions of proof and recovery, the Director or the Medical Officer in-charge of the treatment centre may be also make in every special cases a further advance not exceeding half a month's pay to a Government servant who has already received an advance of one month's pay before his departure for the Institute or the hospital, but has run short of funds while under treatment, and may also pay as an advance the maintenance and return journey expenses of Government servants drawing not more than Rs. 130 a month, to the amount admissible under rules 3(i) and 6. Any of the above advances may also be granted to a Government servant, subject to the above conditions of proof and recovery, if applied for by him on account of a member of his family undergoing treatment at the Ihstitute or the hospital.

10. The discharge certificate to be granted by the Director or the Medical Officer in-charge should be prepared in dublicate; one copy or it should be despatched by him servant responsible or the original advance and the other copy should be attached to the bill for the travelling allowance for the return journey which will be presented for payment at treasury.

11. The bill for travelling allowance for the return journey should be at the same rates as were allowed for the journey to the Institute or the treatment centre and should also be supported by the original intimation received from the officer who is responsible for the original advance. Maintenance charges for days spent at the Institute or the hospital and for the days of the return journey may be advanced on separate bills drawn by the Director or the Medical Officer in-charge of the treatment centre, who will certify thereon the class to which the patient belongs and the number of days that he was under treatment or that will be occupied in the journey.

12. The travelling and maintenance allowances of Government servants and their families paid from State Revenues should be debited to a special detailed head, viz., "71. Miscellaneous—Miscellaneous and unforeseen charges—Miscellaneous—Charges for the treatment of patients at the Pasteur Institute (or at any of the treatment centres)". The travelling and maintenance allowances of Government servants paid from Central Revenues and who are under the administrative control of the State Government acting as the Agent of the Central Government should be debited to Central Revenue. The bills for such charges should be sent to the Head of the Office or Department under the Central Government under which the Government servants concerned are serving. The travelling and maintanance allowance of servants of Port and Marine funds administered by the Government should be debited to the funds from which their salaries are met. Any recoveries of over drawals to be effected in consequence of a Government servant having been allowed travelling allowance in excess of that to which he was entitled will be made by the Accountant-General.

NOTE.—In the case of all Government servants and their families the charge for the anti-rabic vaccine and for telegrams for vaccine will be borne by the Government.

13. All advances made to Government servants, under rules 3 and 4 should ordinarily be recovered in three equal monthly instalments as provided in Article 239 (c) of the Tamil Nadu Financial Code. But in special cases where it is considered that the enforcement of the rulet would cause hardship, the Government or the Honourable the Judges of the High Court, the Board of Revenue and the officers named below, who have been specially empowered in that behalf may sanction the repayment of an advance in more than three but not more than twelve instalmnets.

NOTE.—The amount of the advance to be recovered monthly should be fixed in whole rupees and the balance should be recovered in the last instalment.

Director of Health Services and family Planning.
Inspector-General of Prisons.
Inspector-General of Police.
Inspector-General of Registration.
State Port Officer.
Director of Public Instruction.
Chief Enginer, Public Works Department.
Additional Director of Health Services and Family Planning.
Chief Conservator of Forests.
Director, Pallavan Transport Corporation.
Director of Approved Schools and Vigilance Service.

13-A. The family of a Government servant of the class referrred to in rule 1 shall also be entitled to anti-rabic treatment at the Pasteur Institute or other treatment centres other than a mission hospital on the same scale and conditions allowed to the Government servant himself in each case as laid down in rules 1 to 13.

NOTE.—The term 'family' means a Government servants wife, legitimate children and step-children residing with or wholly dependent on him.

14. Indigent patients, when exposed to risk of infection from rabid animals or these suspected to be rabid should proceed for anti-rabic treatment to the Pasteur Institute, Coonoor, or any of the treatment centres provided by the Government that is nearest. Any indigent person domiciled in India, not employed in the public service, who has been exposed to infection from a rabid animal or one suspected to be rabid and who, in the opinion of any of the officers empowered in this regard is unable to proceed to the nearest centre for anti-rabic treatment at his own expense may be granted the following concessions, viz., (a) a single, second class fare each way by railway, (b) for journeys by road or river the actual cost of transit and (c) meaintenene allowance at the following rates :—

Europeans and Anglo-Indians, fifty paise during the journey and seventy-five paise during treatment, Indians twenty-five paise during the journey and thirty-seven paise during treatment:

Provided that for the purpose of this rule no person or member of the family of a person who pays more than Rs. 50 as kist per annum or whose income from any other source than land exceeds Rs. 50 per mensem shall ordinarily be classed as Indigent or shall any person be classed as indigent who has at the time or can obtain from relatives the means of paying his expenses.

15. Indigent patients and their attendants proceeding to the Pasteur Institute, Coonoor or to the nearest anti-rabic treatment centre other than a mission hospital should be paid in cash a single second class fare by the shortest and cheapest route by the officer, who despatches them, and the Director, Pasteur Institute, Coonoor, or the Medical Officer in-charge of the treatment centre will make similar arrangements for the patients' return journey.

Persons who are exposed to infection from rabid animals or those suspected to be rabid when applying for certificates of indigency should produce evidence to the satisfaction of the officers and others referred to above that they have actually been exposed to the risk of infection with rabies, etc. The officers and others who have been authorised to issue certificates of indigency should insist on such evidence before the grant of such certificates..

16. The following procedure should be adopted in regard to the payment to be made to indigent persons and their attendadts proceeding to or returning from an anti-rabic treatment centre and the recoveries to be made from the local bodies concerned. The railway fares should be paid in cash by the officers despatching the indigent patients, money being drawn on contingent bills debitable to "Advances Repayable—Objection Book Advances—Other Officers". The despatching officers should, with reference to rule 23, give intimation to the local bodies concerned regarding the amount paid to indigent persons for railway fares and maintenance charges. These amounts should be recovered from the local bodies concerned by presenting bills. A copy of the intimation should also be sent to the Accountant-General, Madras who will watch the recoveries made from the local bodies. The recoveries will be credited to the same head.

As regards the payment of maintenance charges for days spent at the treatment centre and for the days occupied by the return journey and also of the second class railway fare or the actual cost of transit by road or by river, when necessary, for the return journey to indigent patients, who are not Government Servants, coming from Panchayat Union or municipal areas to Government Medical Institutions which provide anti-rabic treatment, the following procedure shall be adopted—

The Panchayat Unions or the Municipalities should place with the Superintendents or the Medical Officers of such of those Government Medical Institutions in their areas which provide anti-rabic treatment sufficient permanent advances from which the Superintendents or Medical Officers should make payments to the indigent patients undergoing anti-rabic treatment in those institutions, recouping the expenditure every month or earlier, if necessary, from the local bodies concerned by the presentation of bills which should be paid promptly by the local bodies Superintendents or Medical Officers of Government Medical Institutions should in no case draw money from the treasury on contingent bills to meet the above expenditure. They should in no case incur from the above permanent advances any other expenditure except the maintenance charges for the days spent on treatment and for the days occupied by return journey and the second class railway fare or the actual cost of transit by road or river, when necessary, for the return journey whichever is lesser.

NOTE.—Officers who are authorized to despatch indigent patients for anti-rabic treatment to the nearest anti-rabic treatment centre other than a mission hospital but who cannot draw money from the treasury may pay the railway fares to indigent patients and their attendants from the permanent advances held by them and subsequently recover the same from the local bodies concerned by presenting bills.

17. The patient may be paid in advance the actual cost of trasit for journeys by rail or the road or by river when necessary, and maintenance allowance for the period of his journey to the institute or the hospital, He should take with him and produce a certificate signed by the officer is despatching him that he was been sent to the institute or any other centre for treatment at the expense of State Revenues or by local or municipal funds. If the area to which the patient belongs is within the limit of a municipal town or of a Panchayat Union, the name of the Municipality or Panchayat Union concerned should be stated in the certificate.

18 The maintenance allowance of the patient while under treatment and for the period of the return journey and also, if necessary, the cost of transit for journeys by rail or by road or by river on the return journey, will be disbursed by the Director, Pasteur Institute, Coonoor, or the Medical Officer in-charge of the treatment centre in the first instance and subsequently recovered from the treasury on production of a discharge certificate.

19. The discharge certificate to be granted by the Director or the Medical Officer should be prepared in duplicate. One copy should be despatched by him to the Government servant responsible for the original advance and the other should be attached to the bill for travelling allowance for the return journey when presented for payment at the treasury

20. The bill for travelling allowance for the return journey should be at the same rates as were allowed for the journey to the Institute or other treatment centre and should be supported by the intimation received from the officer responsible for the original advance.

21. Maintenance charges for days spent at the institute or the treatment centre and for the days occupied by the return journey and also the second-class railway fare may be advanced on separate bills drawn by the Director or the Medical Officer who will certify thereon the days that the patient was under treatment or that will be occupied in the journey.

NOTE.—The bills drawn by the Medical Officer should exclude dieting charges incurred on behalf of any indigent person who has been admitted as an in-patient in any of the treatment centres other than the Pasteur Institute, Coonoor, while undergoing the treatment.

22. Any indigent person who is (*a*) a woman, (*b*) a child under 16 years of age or (*c*) a man incapable by reason of age or other sufficient cause of travelling alone, may be allowed to be accompanied by not more than one attendant (except in the cases provided for in the note below), the cost of such attendant being debited to the same fund to which the charges on account of the patients are debited. Such attendant or attendants may be granted travelling expenses and maintenance allowance at the rate sanctioned for patients and also wages not exceeding twenty-five paise a day, in cases where the despatching officer is satisfied that the patient is unable to pay the daily expenses of the attendant or attendants. The conncession is also admissible to Government servant drawing not more than Rs. 200 a month and subject to the condition in rule 4 to members of the families of such Government servants.

NOTE.—More than one attendant may be allowed on the authority of one of the competent authorities in special cases, as, e.g. when the patient is a child unable to travel without the mother or other women in-charge who also requires an attendant or when the patient is a woman and in addition to one attendant is compelled to take one or more children with her.

23. The despatch of each indigent person to Coonoor or any other centre except a mission hospital for anti-rabic treatment at the public expense should at once be reported to the Director or the Medical Officer concerned in the form given in ANNEXURE B. A report should also be sent to the executive authority of the municipality or the Commissioner of the panchayat union concerned if the area from which the patient is despatched is within the limits of a municipal town or of a panchayat union and in every case a report should also at once be sent to the Accountant-General.

The report should state—

(*a*) the amount of travelling allowance (by rail, road or river) advanced;

(*b*) the number of days for which and the rate at which maintenance allowance has been advanced; and

(*c*) the charges that should be borne by State revenues or by minicipal or panchayzt union funds.

In the case of persons who of their own accord resort to any centre for anti-rabic treatment, the necessary reports should be sent to the Accountant-General and the local bodies concerned by the Medical Officer incharge of the treamnet centre.

24. (*a*) The expenses incurred in the treatment of indigent persons residing within the limit of the following cantonments, viz., Wellington, St. Thomas Mount, Pallavaram and Poonamalls should be debited to Cantonment funds.

NOTE.—The term "expenses" in this rule includes the cost of the anti-rabic vaccine and the charges incurred on account of telegram to the Pasteur Institute, Coonoor, for the vaccine and also the second class railways fares, but does not include the actual dieting charges of persons admitted as in-patients in Government hospitals, local body and municipal medical institutions while undergoing treatment.

(*b*) In the case of other indigent patients, the cost of anti-vaccine and telegram charges will exclusively be debited to State funds but maintenance charges and the railway fares advanced to such patients will be recovered once a month before the end of the month from the local body concerned if the patient is residing with in the jurisdiction of a panchayat union or municipality. The exhibition of the charges in the public accounts shall be as under—

(1) The cost of anti-rabic vaccine supplied to Government, local body and municipal hospitals recognised by the Government as anti-rabic treatment courses in the State should be treated as regular expenditure of the hospitals concerned and should be debited to "Medicine" and hospital necessaries—*Voted.*

(2) The expenditure on service postage on account of telegrams sent to the Pasteur Institute, Coonoor, for the despatch of vaccine should be treated as a contingent charge of the hospital concerned and should be debited to "Contingenceis—*Voted*—Miscellaneous"

(3) Advance of maintenance charges and second-class railway fares made by Superintendents or Medical Officers of hospitals to indigent out-patients undergoing anti-rabic treatment should be classed as under:—

(i) "Advance repayable—Civil advances—Objection book advances—Other Officers (anti-rabic charges)" only in cases where the charges are recoverable from local bodies and others, subsequent recoveries being credited to the same head of account; and

(ii) "71. Miscellaneous—Miscellaneous and unforeseen charges—Miscellaneous (charges for the treatment of patients at the Pasteur Institute)" in cases where such charges are to be met from State funds.

NOTE.—The procedure to be followed for the accounting of the expenditure on telegrams, the cost of vaccine and maintenance and other charges of patients undergoing anti-rabic treatment in local body and municipal medical institutions recognised by the Government as anti-rabic treatment centres is laid down below:—

(i) *Expenditure on Telegrams.*—Medical Officers in charge of local body and municipal medical institutions should initially meet the charges from their funds for the despatch of telegrams and recover the cost from State funds by presenting a bill at the end of the each month to the Treasury Officer. The Officer will debit the expenditure on the monthly bills to the contingencies of the Government Headquarters Hospital of the district in which the local body or municipal hospital is situated adjust the amount to the credit of the panchayat union or municipal council concerned and advise the Commissioner, panchayat union or the executive authority of the municipality of the claim made.

(ii) *Cost of vaccine.*—The Medical Officers in-charge of the local body or municipal medical institutions may after counter-signing the bills, forward them to the Director, Pasteur Institute, Coonoor, who will present them at the Sub-Treasury, Coonoor for debiting the amount to the Headquarters Hospital of the district concerned and crediting it to the funds of the Pasteur Institute.

(iii) *Maintenance and other charges.*—In the case of Government servants who are treated in local body or municipal medical institutions, Medical Officers in-charge of the institutions should meet the maintenance and other charges from their permanent advance in the first instance and subsequently recover the amount from State revenues by presenting at the treasury at the end of each month a bill countersigned by the District Medical Officer concerned and supported by proper vouchers. The Treasury Officer will pass the bill and adjust the amount of the bill to the credit of the Panchayat Union or Municipal Council concerned.

(*c*) In the case of indigent patients other than Government servants who come from other panchayat union or municipal areas, the Medical Officer of the panchayat union or municipal medical institution wherein they are given anti-rabic treatment, should meet the maintenance and other charges from their payment advance in the first instance and subsequently recover the amount from the Panchayat Union or Municipal Council concerned. All claims arising in those cases should be settled by the local body within a month from the date of receipt of the bill. The Government leave it to the local bodies concerned to make their own arrangements in regard to the manner in which the amounts are to be adjusted.

25 The Director or the Medical Officer concerned make advances to indigent patients who come to the institute or the treatment centre at their own expense but are unable to maintain themselves or to pay for their return journey. Such advances should be recovered from the local bodies concerned by presenting immediately on completion of the treatment a bill supported by the certificate of indigence produced by the patient as required by rule 14. If more than one indigent patient from the same local area completes the treatment in the course of a month a consolidated bill to cover all the cases may be sent to the local body concerned. When an apparently indigent patient arrives without a certificate of indigence, the Director or the Medical Officer in-charge of the treatment centre may admit the patient without waiting for the certificate but he should at once send the name and address of the patient to the executive authority of the municipality or the Tahsildar of taluk concerned with a request that a certificate of indigence should be sent. The executive authority of the municipality of the Tahsildar should treat such communications as very urgent and send a reply to the Medical Officer concerned before the patient has completed the treatment, i.e., within 14 days of the persons admission as patient. On receipt of the certificates from the Tahsildar or the executive authority the maintenance allowance and second class railway fare advanced to the patients should be recovered from the local body concerned by presenting a bill as prescribed above. If on the other hand, no certificate is received from or given by the executive authority or the Tahsildar, the Director or the Medical Officer concerned should recover, if possible, the charges from the patient, and if this cannot be done, the possibility of recovering them should be investigated in the following manner:—

The Director or the Medical Officer concerned should correspond direct with the officers in-charge of the district which the patients, to whom advances have been made, say they belong and should ask them to take over for investigation claims in respect of the advances made District Officer should take over these claims as soon as they are satisfied that the persons who received the advances actually belong to their districts and should inform the Director or the Medical

officer that they have done so. The Director or the Medical Officer should then recover from the treasury any sum of money advanced by him producing the District Officer's acceptance in support of the claim. If the patient resides within the area under the jurisdiction of a municipality or panchayat union within Tamil Nadu, the claim should then be passed on to the local body concerned for adjustment. If the pateint resides outside the State of Tamil Nadu, the Director or Medical officer should correspond in the manner indicated above direct with the District Officer of the area in which the patient resides and if the District Officer accepts the claim any sum of money advanced should be recovered from the treasury producing the District Officer's acceptance as a voucher. The Accountant General Madras will then debit the amount advanced to the State Government concerned through the exhange accounts. If no District Officer accepts the claim, it should be adjusted finally as a State charge under the head "71. Miscellaneous—Miscellaneous and unforeseen charges—Miscellaneous charges" for the treatment of patients at the Pasteur Institute in the books of the Accountant-General, Madras.

NOTE.—The Director, Pasteur Institute, Coonoor, is also authorised to sanction the debit to State revenues of irrecoverable advances subject to the submission of quarterly returns to the Government of such sanctions through the Director of Health Services and Family Planning.

26. With regard to indigent patients who are sent for treatment from the Pasteur Institute to the Government Hospital, Coonoor, the Director may, in the first instance defray the expenses connected with their diet, and in the case of death, of their burial or cremation, as the case may be and recover the cost in accordance with the procedure laid down in rules 23 to 25.

ANNEXURE A.

(*See* rule 7.)

LIST OF OFFICERS EMPOWERED TO GRANT CONCESSIONS TO GOVERNMENT SERVANTS EMPLOYED UNDER THEM OR SUBJECT TO THEIR AUTHORITY TO PROCEED TO THE PASTEUR INSTITUTE, COONOOR OR ANY OTHER CENTRE FOR ANTI-RABIC TREATMENT OTHER THAN A MISSION HOSPITAL.

AGRICULTURE DEPARTMENT.

Chief Conservator of Forests.
Director of Fisheries.
Director of Agriculture.
Director, Chinchona Department.
Director of Animal Husbandry.

FINANCE DEPARTMENT.

Examiner of Local Fund Accounts.

HOME DEPARTMENT.

Inspector-General of Police.
Inspector-General of Police, Fire Service Branch.
Commissioner of Police, Fire Service Branch.
Commissioner of Police.
Inspector-General of Prisons.
Director of Approved Schools and Vigilance Service.
Honourable the Chief Justice of the High Court of Judicature at Madras.
Administrator-General and Official Trustee, Madras.
Registrar-General of Births, Deaths and Marriages.
Sheriff of Madras.

EDUCATION AND PUBLIC HEALTH DEPARTMENT.

Director of Health Services and Family Planning.
Additional Director of Health Services and Family Planning.
Director, State-Forensic Science Laboratory.
Director of Town-Planning.
Chief Engineer (Public Health).
Sanitary Engineer.
Director of Indian Medicine.
Director of Public Instruction.
Superintendent, Government Museum and Principal Librarian, Connemara Public Library.
Advocate-General, Madras.
Director of Rural Development.
Director of Municipal Administration.

INDUSTRIES, LABOUR AND CO-OPERATION DEPARTMENT.

Director of Industries and Commerce.
Registrar of Co-operative Societies.
Registrar of Joint Stock Companies
Commissioner of Labour.
Protectors of Emigrants.
Director, Pallavan Transport Corporation.

ANNEXURE A—*cont.*

GOVERNOR'S SECRETARIAT.

Secretary to the Governor.

Comptroller.

PUBLIC DEPARTMENT.

Secretaries, Deputy Secretaries and Under Secretaries to Government.

Secretary to the Tamil Nadu Legislature.

PUBLIC WORKS AND HIGHWAYS AND RURAL WORKS DEPARTMENT.

Chief Engineers.

Chief Electrical Inspector to Government.

State Port Officer.

Transport Commissioner, Madras.

Director of Stationery and Printing.

REVENUE DEPARTMENT.

Board of Revenue.

Inspector-General of Registration.

Commissioner, Hindu Religious and Charitable Endowments (Administration) Department.

Chairman, Madras Sales Tax Appellate Tribunal.

Treasury and Accounts Department

Director of Treasuries and Accounts.

ANNEXURE B.

(*See* rules 8 and 23.)

FORM OF INTIMATION OF DESPATCH OF PATIENTS FOR ANTI-RABIC TREATMENT.

(1) Name of patient

(2) Age and sex.

(3) Occupation or designation of appointment, if a public servant.

(4) Address in full.

(5) Father's name.

(6) Whether indigent or not.

(7) If indigent and not a Government servant, the municipal town or the panchayat unio area to which the patient belongs.

(8) Name of attendant or attendants, if any.

(9) Whether the expenditure is debitable to State, Local or Municipal funds.

(10) Details of the amount advanced to the patients and the attendant or attendants, if any.—

(*a*) Advance of one month's pay.

(*b*) Road journey allowance to the entraining railway station.

(*c*) Class railway fare from to

(*d*) Class steamer or boat hire at Rs.

per head from to

(*e*) Diet en route for days at per day.

(11) The names and addresses of other persons who were bitten by the same animal.

Station :

Date :

(Signature of despatching Officer)
Designation.

Copy to be sent—

(i) (in duplicate) to the Medical Officer incharge of the inoculation centre or the Director, Pasteur Institute, Coonoor.

(ii) to the Accountant-General, Madras.

(iii) to the Executive Authority of the Municipality or to the Commissioner, Panchayat Union or the Officer immediately superior to the officer by whom the parient is sent.

APPENDIX-XVI

1. *Rules relating to District Medical Libraries.*—(*a*) District Medical Libraries are maintained in each disctrict under the control and supervision of the District Medical Officer for the benefit of Medical Officers in the employ of Government and of Local Bodies, Health Officers, Honorary Medical Officers and Rural Medical Officers. These are kept up-to-date so as to enable all medical men in the State to improve their professional knowledge and to be in touch with the latest advances in medicine and surgery.

(*b*) The Government have permitted Panchayats Unions to pay a maximum contribution of Rs. 150 per annum to the District Medical Library. The maximum grant payable by a Municipal Council is fixed at Rs. 25 per annum. Municipal Council and headquarters towns whose hospitals have been taken over by Government are exempted from paying the contribution towards the establishment and maintenance of the District Medical Libraries. The Director of Health Services and Family Planning is empowered to sanction a contribution not exceeding Rs.500 a year towards the maintenance of each district Medical Lending Library. The District Medical Officers are empowered to purchase books required for District Medical Lending Library subject to a maximum of Rs. 150 per annum and availability of funds in the Budget.

(G.Os. No. 436, L., dated 20th March, 1908, No. 373, L., dated 30th March 1909, No. 1835 P. H. dated 31st July 1934 and No. 1434, P.H., dated 16th June, 1937, G.O. Ms. No. 1420, Health, dated 28th May 1963, G.O. Ms. No. 3548, Health, dated 22nd November, 1935).

NOTE.—The financial position of each library should be taken into account by the Director of Health Services. and Family Planning before sanctioning a grant from State funds towards the maintenance of the library, every year (Surgeon-General's P. No. 279/M/41, dated 29th August 1941.)

2. Rules for the working of libraries of medical books.—

(1) The library shall be maintained in the office of the District Medical Officer and under his control and supervision. The work of the library in each distirct is carried out by a Junior Assistant of the District Medical Officer's Office without any remuneration.

(2) The Senior Assistant Surgeon attached to the District Headquarters Hospital or any other suitable Medical Officer shall be appointed by the District Medical Officer to be Librarian.

(3 The Establishment Assistant of the District Medical Officer's Office or suitable Medical Officer appointed by the District Medical Officer in that behalf shall be styled "Treasurer" and shall be responsible of the proper collections of subcsriptions, safe custody of amounts left in his hands belonging to the library and maintenace of the library records.

(4) All correspondence relating to applications for books will be addressed to the Librarian who will keep a regular account of books received and issued and register applications from members for the same.

(5) These libraries and their accounts are under the control of the District Medical Officers and audited by the Examiner of Local Fund Accounts once a year. The accounts of all District Medical Libraries should be for the official and not for the calender year. The District Inspector of Local Fund Accounts should communicate to the District Medical Officer for rectification of all minor irregularities in the form of an objection statement. Major irregularities should be mentioned in an audit report whcih should be sent to the Director of Health Services and Family Planning through the District Medical Officer concerned and the orders passed by the Director of Health Services and Family Planning should be communicated to the Examiner of Local Fund Accounts so that he may know whether adeqeuate actoin has been taken on the irregularities pointed out.

(G.O. No. 696, P.H., dated 12th March 1929 and No. 18, P.H., dated 6th January 1931).

(6) All moneys received on behalf of the library by the District Medical Officers in their official scapacity should be paid into the Public Account, and a personal deposit account should be opened in the name of the District Medical Officsr concerned. The moneys may be withdrawn from the Public Account as and when required for disbursement in accordance with the provisions of Insruction 22 under Treasury Rule 16 in the Tamil Nadu Treasury Code, Volume, I.

(G.O. No. 34, Finance, dated 6th February 1941).

NOTE.—Each District Medical Library is allowed to retain an imprest money of rupees five only to meet petty expenses concected with the maintenance of the library. The money will be found from the funds of the library concerned.

(G.O. Ms. No. 2146, P.H, dated 13th July 1942).

(7) Medical Officers (including those incharge of institutions of Indian Medicine under the control of local bodies and private medical practitioners registered under G.O. No. 231, P.H., dated 1st February 1933) are eligible for membership and also those retired from service. Private

medical practitioners with recognised qualifications may, if the District Medical Officer thinks fit, be admitted as members, provided they are registered under the Tamil Nadu Medical Registration Act 1914.

(G.O. No. 1137, P.H., dated 27th April 1934.)

NOTE.—A district Medical Library is maintained in the headquarters of each district under the control and supervision of the concerned District Medical Officer for the benefit of all medical men in the district whether they are public servants or private medical practitioners. It is not obligatory on the part of a Government medical officer or a medical officer in the employ of a local body or an honorary medical officer to enrol himself as a member of the library but it is most desirable that they enlist themselves as members of the library so as to increase its usefulness and at the same time enable them to keep up their professional knowledge up to date by reading latest books and periodicals. The existing practice in regard to the lending of books to private practitioners may continue but the number of admissions may be restricted to the extent found convenient in respect of each library.

(Surgeon-General's Circular P. No. 104-H-45, dated 9th July 1945
Government Memo. 119048/H-1/56-4 Health, dated 13th December 1957).

(8) Subscriptions shall be collected in advance from members at the beginning of each official year in accordance with the following scale :—

	Rate per annum. RS. P.
Medical officers drawing a pension of not more than Rs. 75	1.50
Medical officers drawing a pension of not more than Rs. 80 to 90.	1.87
Medical officers drawing a pension of not more than Rs. 95 to 105.	2.25
Medical officers drawing a pension of not more than Rs. 110 to 120.	2.62
Medical officers drawing a pension of not more than Rs. 125 to to 135.	3.00
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 140 to 150.	3.37
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 155 to 160.	3.75
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 165 to 170.	4.12
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 175.	4.50
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 200.	5.00
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 250.	5.50
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 300.	6.00
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 350.	6.50
Assistant surgeon drawing pay of and retired medical officers drawing a pension of Rs. 400.	7.00
Assistant surgeons drawing pay of and retired medical officers drawing a pension of Rs. 450.	7.50
Registered private medical practitioners with L.M.P. qualification.	5.00
Registered Private Medical Practitioners with University Degree	7.50
Honorary Assistant Medical Officers and unpaid House Surgeons and Physicians with University degree qualifications.	4.00
Honorary Assistant Medical Officer, unpaid House Surgeons and Physicians with Licentiate qualifications.	2.50
District Medical Officers and Civil Surgeons	8.00
Medical Officers in charge of Rural Dispensaries	1.50

(Surgeon-General's Circulars No. 284-A, dated 1st July 1922
P No. 337-A, dated 2nd December, 1925 and
P No. 86-M, dated 21st May 1941)

NOTE.—(i) The rank of a District Health Officer is considered as equivalent to an Assistant Surgeon and subscription collected accordingly (Surgeon-General's P. No. 113—M., dated 28th April 1928.)

(ii) Subscription for Honorary Medical Officers are the same as that fixed for registered private medical practitioners with University degree.

(Surgeon-General's P. No. 198-M, dated 5th December 1929).

(iii) Officers of the Hind Kusht Nivaran Sangh working in Government Medical Institutions are permitted to subscribe for membership in the District Lending Libraries at the rates prescribed for Honorary Medical Officers.

(G.O. No. 1624, P.W., dated 14th June 1943.)

(iv) The rate of subscription laid down in this rule should be calculated with reference to the amount of pay or pension drawn; war or dearness allowance should not be taken into account in order to arrive at the rate of subscription.

(Surgeon-General's Circular P. No. 190-M, dated 19th December 1945.)

(v) Subscription due from members are payable in advance. Delay in the payment of subscriptions should not be allowed to occur as it will adversely affect the successful working of the District Medical Libraries. The District Medical Officers should observe the following instructions in order to ensure prompt payment of subscriptions :—

(A) Defaulting medical officers in Government service should be direced to pay the arrears of subscription due by them by periodical reminders an if in spite of reminders they fail to pay the subscriptions, their names should be reported to the Director of Health Services and Family Planning.

(B) Defaulting medical officers in the employ of local bodies including the rural medical practitioners should be reported on to the executive authorities of the concerned local bodies and the subscriptions due should be collected with the assistance of the local bodies.

(C) Steps should be taken to collect in advance always the subscriptions due from Private Medical Practitioners and Honorary Medical Officers. If they fail to pay the subscriptions within three months from the date on which they are due, their names should be removed from the list of members.

(Surgeon-General's Circular P. No. 382-G, dated 16th October 1943).

(9) Subscriptions for broken periods of less than three months shall not be accepted.

(10) A medical officer transferred from another district who has paid subscription to the Medical Library in that district shall be admitted to the privileges of membership without further payment for the year for which subscription has been paid.

(11) A register showing the subscriptions from members, the contributions from Government and local bodies and other miscellaneous receipts realized by the District Medical Officer, as well as charges incurred on the purchase of medical books for the library should be maintained in Form A appended.

A stock register of books purchased, a register of books issued and returned to subscribers and a simple register to show the names of subscribers each month should be maintained in Forms B, C and D respectively.

FORM 'A'

Date of receipt.	Voucher number.	Particulars.	Cash Rs. P.	Date of remittances in to the Treasury.	Date of payment.	Voucher number.	Particulars.	Amount Rs. P.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

* NOTE. The following memorandum or letter should be treated as receipt voucher and given a serial number and filled in that order for the purpose of check receipts. Every item of receipts should be supported by a letter memorandum or chalan.

FORM 'B'

STOCK REGISTER OF BOOKS PURCHASED.

				Receipts.		
Serial number.	Name of author.	Name of the book.	Date of purchase and voucher number.	Number of copies.	Value.	Remarks.
(1	(2)	(3)	(4)	(5)	(6)	(7)

FORM 'C'

REGISTER OF BOOKS ISSUED,

Issues.				
Name of the book.	To whom issued.	When issued.	Date of return.	Remarks.
(1)	(2)	(3)	(4)	(5)

FORM 'D'

REGISTER OF SUBSCRIPTIONS AND DONATIONS.

Name of the subcriber or donor.	Forwarding memorandum.	Amount due.	Amount paid.	Balance.	Number of items in the cash book.	Remarks.
		RS. P.	RS. P.	RS. P.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)

NOTE.—At the end of the year, the District Medcial Officer should sign the register and that balance of each year brought forward as opening entries of the succeeding year in red ink.

(12) A printed list of books shall be supplied to each member.

(13) Members shall not be supplied with more than one book at time and books shall not be retained by members for more than a fortnight of each occasion except in cases where sanction of the District Medical Officer is obtained or the retention of the same for a longer period

(14) Books shall be supplied in the order in which application has been made for the same.

Members should therefore register their names in advance.

(15) Members may always consult books at the library.

(16) Any book lost or damaged by members must be replaced by them.

(17) Members transferred to another district must return the books taken before departure.

(18) The postage on account of the transmission of books and journals from the District Medical Library to the members and journals from the District Medical Library to the members and *vice versa* should be met, out of the funds of the library. No service postage stamps should be used for the purpose.

(G.O. Ms. No. 2915, PH. (L.S.G.,) dated 8th November 1935.)

(19) Members on leave may continue to be members so long as they have a lien on an appointment in the district or have not been posted to another district.

(20) The District Medical Officer shall submit an annual report in the following form to reach the Office of the Director of Health Services and Family Planning not later than the 1st March on the working of the library for the preceding calender year with information as to the cash balance in the form sub-joined to the annual report:—

Report of the working of the Medical Library of district for the year—

1. Total number of books at the beginning of the year.
2. The number of books at the end of the year.
3. Total number of members at the beginning of the year.
4. Total number of members at the end of the year.
5. Total number of books circulated during the year.
6. Total number of members amongst whom circulated.
7. Other interesting information, if any.

2 (a) *Receipts.*

Cash balance at the begining of the year.	Govern ment contri-bution.	Panchayat Union con-tribution.	Municipal contribu tions.	Subscription from members.	Total.
(1)	(2)	(3)	(4)	(5)	(6)
RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.

2(b) *Expenditure.*

Cost of books.	Cost of furniture.	Contingencies.	Total.	Closing balance on
(7)	(8)	(9)	(10)	(11)
RS. P.	RS. P.	RS. P.	RS. P.	RS. P.

Station : Name :

Date : Rank :

Designation :

3. (*a*) Indents for books required for these libraries published in and out of India are received n the Office of the Director of Health Services and Family Planning from District Medical Officer by 1st October each year.

(G.O. Ms. No. 275-S, dated 4th March 1910).

(*b*) The books and periodicals included in the indent are to be purchased in the open market at the cheapest rates and the cost therefor is to be paid direct by the District Medical Officers to the suppliers.

(G.O. No. 944, P.H., dated 3rd May 1932.)

(*c*) If any medical books is very urgently required for a District Medical Library for reference it may be purchased locally and the sanction of the Director of Health Services and Family Planning obtained after the conclusion of the transaction, duly explaining the urgency necessitating the purchase before obtaining formal sanction.

(Surgeon-General's Circular No. 6966, dated 1st November 1912).

(*d*) Medical Officers should observe the following rules for the preparation of indents for books with a view to save unnecessary clerical labour, delay and frequent references:—

(i) Annual indents in triplicate for books required for the use of libraries should reach the Office of the Director of Health Services and Family Planning on or before 1st October every year.

Books on Indian Medicine required for libraries should be purchased in consultation with the Director of Indian Medicine and the cost involved should be met from the amount available with the District Medical Officer for meeting the cost of maintaining the libraries.

(G.O. No. 1197, P.H., dated 26th April 1934

APPENDIX XVII

DIET RULES AND SCALES FOR THE GOVERNMENT HOSPITALS IN TAMIL NADU

PART I—HOW SUPPLIES ARE OBTAINED.

1. When diet articles are not obtainable from Government Institutions, they may be procured departmentally or by contract, tenders being invited for them.

2. (1) *Purchase by contract.*—(i) The following general instructions should be strictly observed by the heads of medical institutions before they enter into contracts for the supply of articles of diet required for the hospitals in their charge.—

(*a*) No tender for the supply of any article 'at current market rates' should be accepted. The contract rate should include charge for the delivery of articles at the hospital stores.

(*b*) No claim for the revision or modification of the rates quoted by the contractors should be allowed on any ground whatsoever. The rates quoted by the contractors should include payment of customs duties at the time of tender or any enhancement thereof or which may thereafter be levied.

(c) The articles manufactured in his State should be given first preference and then those that are manufactured in India and outside India provided that the quality of the articles is gone and that the prices quoted are not higher than those quoted for articles of foreign manufacture.

(G.O. No. 911, Public Health, dated 8th May 1935.)

Preference should be given in the manner indicated in rule I of Article 125 of Tamil Nadu Financial Code, Volume I, while accepting tenders.

(ii) Before accepting tenders finally, the heads of institutions should compare the tender rates with the market rates. The market rates may be obtained from the Tahsildar, 48 hours before the opening of tenders and that if the same is not received the intending officer or officer authorised by him should go to the local market and ascertain the prevailing market rates. This should be done 24 hours prior to the opening of tenders and kept in a sealed cover. The market rate should be opend after the opening of tenders. Market rates should be kept confidentially and should not be let known to the tenderers.

(G.O. Ms. No. 2794, health, dated 15th November 1973.)

(2) *Departmental Purchases.*—(i) If the rate tendered for the supply of any article by contract is unduly high, the tender for such article should be rejected and departmental purchase resorted to in accordance with the instructions issued by the Director of Health Services and Family Planning/Director of Medical Education from time to time.

(ii) The following procedure should be observed where a diet or other article is to be purchased departmentally.

(*a*) The head of the Institution concerned should invite quotations every month from all the individuals who are likely to undertake the supply of the article required. He should purchase the article at the lowest rate obtained in the monthly quotations after satisfying himself that the rate is reasonable as compared with the prevailing market rate to be ascertained through one of the Gazetted Officers of the hospital concerned and with the rate at which the article is purchased in the nearest hospitals—*vide* paragraph 2 of G.O. Ms. No. 3628, Health dated 21st December 1959 communicated in this Office Memo. No. P. 87/A2/60, dated 18th March 1960.

If the person whose quotation has been accepted for the supply of the article fails to supply it on any day or to replace in time any rejected quantity, the article should be purchased from an alternative source and the extra expenditure incurred, if any, should be recovered from the individual.

In respect of articles such as butter, bread, biscuits, milk, ghee, dhall, coffee powder etc., a sample should be taken and sent to the Government Analyst for analysis every week. If the analytical report to the sample reveals that the article is unsatisfactory or adulterated, the cost of the supplies made on the day on which the sample were taken should not be paid. If the cost has already been paid, the amount should be recovered from the supplier.

(ii) The total value of all the books indented for should not exceed the funds available for the library. A certificate to this effect should be attached to the indent.

(iii) The indent should be divided into two parts-one showing English or foreign publications and the other Indian publications. The value of the former should be shown in sterling and that of the latter in the Indian money. Books in both the parts should be arranged in alphabetical order according to the names of authors.

(iv) Books whose prices or publishers are not known should not be intended for.

(v) Indents should be prepared on a form similar to the one shown below:—

ANNUAL INDENT FOR BOOKS REQUIRED FOR THE USE OF LENDING LIBRARY AT

Serial number.	Name of the author.	Name of the book.	Number of copies.	Value.	Publishers.
(1)	(2)	(3)	(4)	(5)	(6)
				RS. P.	

(vi) The Director of Health Services and Family Planning who is empowered to sanction the purchase of books and publications required for District Medical Libraries has also power to write off the value of missing and condemned books.

(G.O. No. 2959, P.H., dated 5th November 1945.)

4. It is most important that all medical men should keep up their professional knowledge by reading of the newest medical books and periodicals and it is for this purpose that the circulating libraries are established and kept up-to-date. The District Medical Officers and Civil Surgeon should note in the confidential returns of all officers serving under them whether their subordinate keep up their professional knowledge by reading books from the libraries of medical books.

The notification calling for quotations for the supply of the article under departmental system as well as the communication accepting the quotation, should incorporate the condition referred to above in suitable terms as also the specification of the article.

(*b*) If no individual comes forward to supply the articles on the conditions stipulated in paragraph (*a*) above in may be purchased as follwos.—

If the article is available with a Local Registered Co-operative Society it may be purchased from the Society. If however the head of the medical institution is satisfied that the article may be purchased in the open market at a more economical rate consistent with quality he may do so but in such cases he should record the reasons for not purchasing it from a Registered Co-operative Society.

If the article is not available with a Local Registered Co-operative Society it may be purchased in the open market.

(*c*) The instructions in paragraphs (*a*) and (*b*) above will not be applicable to the purchase, on the departmental basis, of articles for which Agmark for products are available, wherever available the Agmark variety should be purchased in consultation with the State Marketing Officer, Madras in the case of City State Hospitals and with the Assistant State Marketing Officers concerned in the case of mofussil hospitals (*vide* this Office Memo. P.N. 387/A2/59, dated 14th December 1959 and in P.No. 387/A2/59, dated 15th March 1960 and P. No. 114/A2/1960, dated 7th April 1960 of the Office of the Director of Health Services and Family Planning, Madras).

3. As contractors are mostly middlemen, heads of medical institutions are at liberty to bur direct from large firms or from producers, or from ordinary shops should they and that they can get the required articles more cheaply in this way, but direct purchases should not interfere with any contract for such articles which has been already entered into by the heads of medical institutions. Heads of medical Institutions should keep themselves acquainted with the prevailing market prices, so that they may be able to make purchases at advantageous rates.

4. The amount of any article of diet to be stored at any one time is left to the discretion of heads of the medical institutions subject to the condition thet they should purchase the articles when the market is favourable and the quantity purchased should not exceed that which can be thoroughly examined befroe taking into store, and that which is likely to remain in perfect condition till it is consumed.

5. *Contract system.*—When supplies can be arranged by means of contract with advantage to the State, tenders should be invited by advertisement in accordance with the procedure laid down in Part V below.

6. The duration of contractors should not exceed one year but may be for any shorter period at the discretion of the heads of medical institutions. The time for making contracts and the amount contracted for also rest with the heads of medical institutions.

7. In stating the amounts of the various articles for which tenders are invited, the phrase 'probable number or quantity required' should invariably be used.

8. Petty articles such as mangoes, patridge snipes, etc., which are used in very small and variable quantities should not be considered for.

NOTE.—Rates for these petty articles may, however be accepted if the tenderers quoting for them happen to secure contracts for articles of a bulk supply such as meat, vegetables, etc., which they have to bring to the hospital daily provided the rates obtained are reasonable.

9. The following instructions should be observed in inviting tenders.—

(1) *Eggs.*—The supply of 'graded eggs' and marked 'Agmark' weighing not less than 42½ grams each should be encouraged as far as possible. The tender for 'Agmark' graded eggs may be accepted only when the rate quoted for the same does not exceed 5 per cent over the lowest tendered rate for ordinary eggs of same description and that the lowest tendered rate for ordinary fresh eggs need alone be accepted if tendered rate for the Agmark" graded eggs exceeds 5 per cent over the lowest tendered rate for ordinary eggs.

(2) *Butter-milk.*—Butter-milk should be made in the hospital itself and not obtained as such from contractors. One litre of milk is equivalent to 2½ litres o butter milk.

(3) *Fish and vegetables.*—The contractors supplying these articles should be required to supply, over and above the actual requirements and extra quantity as stated below to cover wastage:—

Articles. (1)	*Extra quantity to be supplied.* (2)
Green and leafy vegetables	125 gms. for every kg.
Other vegetables	250 Do.
Potatoes ordinary	188 Do.
Potatoes sweet	125 Do.
Fish, meat, etc.	The contractors should be required to supply the actual quantity after removing bones, etc.

(4) *Coffee, Sugar, etc.*—The following procedure should be observed in estimating the probable requirements of coffee, sugar, etc.

Coffee.—Jaggery cane should be used for preparing coffee for all non-paying patients in the general wards.

Sugar.—Brown sugar and jaggery should be used except for paying patients who are particular in using only white sugar.

In Madras City, the Deans and Superintendents of Hospitals will however have the discretion to use white sugar or brown sugar according to circumstances and convenience in each hospital.

(G.O. Ms. No. 838, Public Health dated 2nd March 1938 and No. 2079, Public Healths, dated 7th June 1938.)

10. The following instructions should be observed by heads of medical institutions in regard to the scrutiny and disposal of tenders:—

(i) The tenders after they are opened should be scrutinised and corrections should be intialled wherever necessary. The heads of medical institutions should then read out in the presence of the tenderers or their authorised agents, the rates quoted by the various tenders in respect of the more important articles. They should maintain a register showing the total number of tenders received for each article of tender case. It should be seen at the time of check of the comparative statement with a view to see that all the tenders received have been completed. The officer opening the tenders should invariably attest the statement in which the names of tenderers and the rates quoted by them are entered after they read out in the presence of tenderers who are present. The attestation of the tenderers should also be taken on the statement.

(ii) The original tenders should be retained under lock and key by the heads of medical institutions themselves.

(iii) They should check the comparative statements with the original tenders retained by them under lock and key.

(iv) Every page of the tenders should be signed by the heads of medical institutions and all alterations initialled by them.

11. The heads of a medical institutions is primarily reasonable for seeing that articles of diet and hospital suplies are obtained at reasonable rates and that the articles and supplies are suitable for the purposes for which they are required. But the Director of Health Services and Family Planning/Director of Medical Education exercises a general control over the tenders and contracts in order that among other things, he may ensure that the supplies are obtained in the best market that the rates given are not excesive and that the expenditure is kept within proper limits.

12. In some places a few contractors form a sort of ring among themselves and prevent outsiders from tendering for supply of articles of diet and other concessaries and consequently the rates of many articles included in the tenders are far higher than the prevailing market rates. Heads of medical Institutions should as far as possible see that such rings among contractors are broken down. If contractors rates which are to be accepted are found to be exorbitant, the matter should be brought to the notice of the Director of Health Services and Family Planning Director of Medical Education and sanction obtained for the appointment of a purveyor and for the adoption of departmental purchase.

13. In cases where tenderers do not come forward, purchases should be made in the open market.

14. In cases where the orders of the Director of Health Services and Family Planning/Director of Medical Education or of the Government are necessary, the heads of a medical institution shall submit to the Director of Health Services and Family Planning/Director of Medical Education the original tenders together with a comparative statement in duplicate in the authorised form by the 25th January in the case of diet articles and in the case of others at least three weeks in advance of the date on which the proposed the contract will come into force with his specific recommendation. Detailed reasons should be given if the tender recommended by him or approval is not the lowest. When the tender has been approved, an agreement should be executed in the form given in Part III. It is the duty of the Dean, or Superintendent to enforce the conditions of the contract.

15. The head of the medical institution should make it a point to accept only the lowest tender for a specific quality of articles. The question of convenience of giving the contract to the same contractor or offer revised rates should not stand in the way of accepting the original and lowest tender. If the supply of a contractor is reported unsatisfactory by the Medical Officer in charge of the Medical Institutions the penal clauses of the contract should be brought into operation.

(Surgeon's-Generals' P. No. 178-A, dated 16th July 1941.)

NOTES.—(i) A samples of bread, butter, milk, gingelly oil, ghee, coffee powder, dhall coconut oil, jaggery, brown sugar and biscuit (arrow-root) should be sent to the Government Analyst for analysis at least once a month. The sample should be taken by a responsible officer from the supplies made in the presence of the contractor or his agent or representative. It should be immediately packed and sealed with the office seal as well as that of the contractor. The token of the sample having been so taken and sealed, the signature of the contractor of his agent or representative should be obtained in a register kept for the purpose. In the case of rice, however, a reference may be made to the Agriculture Chemist, Coimbatore and the Government Analyst, Guindy, for analysis, when the head of the medical institution has reasonable doubts about the quality.

(ii) If a sample does not conform to the standard prescribed or is reported to be adultered. It should be followed up by sending weekly samples. The contractor should be apprised of the unsatisfactory nature of the supply and the action proposed to be taken under clause 9 of the agreement. He should also be warned that repetition of such inferior supplies will entail termination of his contract.

(iii) Immediately on receipt of report regarding unsatisfactoriness of the sample sent for analysis the Health Officer or the Heatlh Inspector, as the case may be, should be addressed confidentially to take samples under the Tamil Nadu Prevention or Adulteration Act.

(iv) If three samples are reported to be unsatisfactory or adulterated action should be taken to terminate the contract.

(v) A register should be maintained in each instituion in the form given below. Ir should be scrutinised by the head of the medical institution at the time of sending samples and receipt of report and attested by him.

REGISTER OF SAMPLES OF DIET ARTICLES

1. Date.
2. Name of article sent for Analysis.
3. Date on which sent to Government Analyst.
4. Report on analysis
5. Number and date of Government Analyst's letter forwarding the report.
6. Action taken against the contractor.
7. Remarks.

(vi) The District Medical Officers should scrutinise the register maintained in the mafussal medical institutions in the district during their period of inspection.

(vii) Duplicate samples may be given to the Contractor.

(G.O. Ms. No. 1072, Health, dated 6th May 1972, Communicated in D.H.S. R.Dis. 23/A-1/72, dated 18th May 1972.)

(G.O. Ms. No. 1396, Development, dated 2nd August 1941 and Surgeon-General's P.No. 77-M 2/47, dated 11th October 1947).

16. *Earnest money and Security deposits.*—The Director of Health Services and Family Planning/Director of Medical Education is permitted to dispense with the payment or to reduce the amount of earnest money or security deposit in special cases when tenders are received from or contracts placed with firms or contractors of established repute.

(G.O.Ms. No. 1450, Public Health, dated 8th June 1929 and No. 774, Public Health, dated 6th April 1932.)

NOTES.—(i) The Director of Health Services and Family Planning/Director of Medical Education may consider applications from individual contractors for the grant of exemption from payment of earnest money, provided they satisfy all the following conditions.—

(a) The individual concerned should have been an hospital contractor for at least three years including the year preceding the year to which the tender relates.

(b) The earnest money payable at 5 per cent is more than Rs. 500.

(c) The amount of security deposit already furnished by the individual concerned for his current contract is more than Rs. 500.

(d) The head of the Medical Institution concerned recommends the grant of exemption from the payment of earnest money to the contractor concerned.

The Director of Health Services and Family Planning/Director of Medical Education reserves the right to relax any of these conditions in exceptional cases.

A contractor who wishes to apply for exemption from the payment of earnest money should do so in the form given below and submit it to the head of the institution concerned so as to reach him by the 5th December. The head of the institution should reject any application which has not been received by him by the prescribed date or which do not satisfy the prescribed conditions. He should forward the other applicatons to the Director of Health Services and Family Planning/ Director of Medical Education so as to reach him by the 15th December. An applicant should take care to see that he fills in all the columns in the application correctly and completely. Otherwise the application is liable to be rejected.

Application for the grant of exemption from the payment of earnest money for the year.

1. Name of the contractor .. .. ..
2. Name of the Hospital .. .. ..
3. For how many years he was the contractor for the hospital—the years to be specified
4. Name of the diet articles for which he is the contractor for the current year.
5. Total amount furnished by the contractor as security deposit at 10 per cent for the proper fulfilment of the contract during the current year. (The mode of payment such as chalan, Post Office savings Bank Account, Bank guarantee, etc., should be indicated with details of expiry date, is any.)
6. Name of the diet articles for which the contractor proposes to submit tenders for the coming year.
7. Total amount payable by the contractor as earnest money at 5 per cent
8. Whether similar concession has been granted to the contractor during the current year Number and date of proceedings of the Director of Health Services and Family Planning/Director of Medical Education to be quoted).

I solemnly declare that the security deposit already furnished by me in connection with my contract for the year may be utilised as earnest money for my tender for the year and that I bind myself to make good the difference in case the earnest money payable is in excess of the security deposit already furnished.

Station:

Signature of the contractor

Date:

Certified that the above particulars are correct.

Station:

Signature of the Head of the Institution.

Date:

Recommendation of the Head of the Medical Institution.

NOTE.—(ii) The grant of exemption from payment if security deposits will generally be governed by the following principles:—

Contractors will, at the discretion of the Director of Health of Services and Family Planning/Director of Medical Education be allowed to furnish 5 per cent instead of 10 per cent of the total value of the articles as security deposit provided that the amount payable at 5 per cent should be subject to a minimum of Rs. 1,000 for any one hospitot and that the person is a long standing and reputable contracts.

The contractors should submit the applications sufficiently early and the applications should be fore warded as the office of the Director of Health Services and Family Planning Director of Medical Education by the Heads of Medical Institutions at least a week before the expiry of the 15 days limit within agreements are to executed. Any application which is not so received is liable for rejection.

17. The Co-operative Societies are exempted from the payment of earnest money deposit in respect of their tenders for the supply of diet articles to Government Medical Institutions. Security deposits of 5 percent of the total value of the articles tendered should be collected from such societies. The payment of security deposit in respect of the contracts for the supply of milk to the hospitals can be dispensed with by the Director of Health Services and Family Planning/ Director of Medical Education at the request of the Co-operative Milk Supply Society.

(G.O. Ms' No. 3352, Public Health, dated 25th November 1947).

18. A register will be kept by the Head of the Medical institution of all security deposits and particulars of all transactions in regard to he receipt and return of the deposits will be duly recorded therein.

19. *Acceptance of tenders.*—(1) The Director of Health Services and Family Planning Director of Medical Education is empowered to accept the tenders for the supply of the following diet articles to the District Headquarters Hospitals, E.S.I. Hospitals, in-charge of civil Surgeons in the City State Hospitals and Hospitals in-charge of Civil Surgeons attached to the teaching institutions as the case may be.

Diet—Storable.

1. Coke.
2. Charcoal.
3. Rice.
4. Jaggery, Cane.
5. Sugar, brown and white.
6. Dhall.
7. Firewood.
8. Tamarind.
9. Chillies.
10. Corriander.
11. Pepper.
12. Blackgram.
13. Gingilly oil.
14. Coconut oil.
15. Coffee powder.
16. Biscuits.
17. Iddili.
18. Bread, brown and white.

Diet—Perishable.

19. Butter.
20. Milk.
21. Chicken orfowl.
22. Fish.
23. Mutton with bone and without bone.
24. Eggs.
25. Vegatables, country and european.
26. Coconut.
27. Onions.
28. Tomatoes.
29. Potatoes.
30. Apples.
31. Limes.
32. Oranges.
33. Sathukudies.
34. Plantains.

2. The District Medical Officers may pass orders in respect of all articles in the case of Taluk Headquarters Institutions, etc.

3. The Deans, Superintendents and the District Medical Officers are permitted to accept tenders for the supply of following items of diet and other articles to their respective medical institutions.—

Non-diet-Storable.

1. Baskets
2. Brooms
3. Coconuts for scrubbers
4. Leaf Umbrellas
5. Date mats
6. Whitewashing brushes.
7. Chatties
8. Goglets
9. Goglets covers
10. Water pots
11. Linseed oil
12. Bees wax.
13. Sand paper
14. Emery paper
15. Screws
16. Wire nails
17. Putti
18. Glue
19. Glasso polish
20. Wire mesh
21. Twine
22. Toilet paper
23. Gillete razor blades
24. French polish
25. Galvanised wire guage
26. French chalk
27. Soda ash
28. Bleaching powder
29. Country washing soda
30. Incense
31. Soapnuts
32. Crystal soda, White.

Diet — Storable.

33. Cummin seed
34. Garlic
35. Mustard country
36. Turmeric
37. [illegible]m
38. Asafoetida, LG. rand

Diet—storble— cont.

39. Arrow-root powder.
40. Barley.
41. Co'n flour.
42. Maida.
43. Veimicelli
44. Sago.
45. Tea.
46. Whi'e salt.
47. Venegar.
48. Essence of coffee.
49. Essence of vanilla.
50. Essence of almond.
51. Horlicks malted milk.
52. Nu meg.
53. Apricots.
54. Quaker oats.
55. Jam.

Diet—Perishable.

56. Pigeons.
57. Ducks.
58. Prawns.
59. Mu ton suet.
60. Brain.
61. Kidney.
62. Tongues.
63. Swee bread.
64. Sheeps feet.
65. Bacon.
66. Ham.
67. Cream
68. Liver
69. Chillies green
70. Ginger green
71. Rex jelly
72. Mangoes
73. Grapes blue

Bedding and Clothing

74. Reel thread
75. Buttons
76. Needle packets
77. Singer sewing needles
78. Ball thread
79. Indigo
80. Napthaline balls
81. Cowdung cakes
82. Marking nuts
83. Thread
84. Soda water

(G.O.Ms. No. 184, Health, dated 15th January 1953)

20. Soon after the rates have been accepted by the Government or the Director of Health Services and FamilyPlalnning/Director of Medical Education or the Deans or the Superintendents as the case may be the tenderers will be informed of the acceptance or otherwise and the successful tenderers or bidders will be required to execute the agreement within 15 days from the date of receipt of the order of acceptance. Rules regarding the execution of agreement are contained in Part IV.

21. The perishable articles should, as a rule, be required to be supplied before 7 a.m. daily so that the preparation of morning meals for the patients may not be delayed.

22. Deans and Superintendent will bear in mind that the contractors bills should be submitted on or before the 12th of each month.

23. Payment to contractors may, if feasible, be made in the same month for the articles and things supplied by them during that month.

PART II—CONDITIONS OF TENDER FOR THE SUPPLY OF ARTICLES OF DIET AND OTHER HOSPITAL REQUIREMENTS FOR THE GOVERNMENT HOSPITALS FOR THE YEAR 19

Notice is hereby given that sealed tenders will be received up to 2 p.m. on the th day of January for the supply of the following articles from 1st April 19 to 31st March 19

(i) Storable articles, diet and non-diet, etc., must be supplied in such quantities as required by the Dean/Superintendent, from time to time.

(ii) Perishables consist of perishable articles of daily supply. An indent for each day's requirements will be given to the contractors.

2. Tenders will be opened by the Dean/Superintendents of the hospital at 2 p,m. on the last day appointed for their receipt in the presence of those interested who may choose to attend.

3. The articles required are detailed in the classified Schedule annexed and information as to sample, etc., may be had on personnel applications at the hospital. In cases of doubt the description of articles shall be those given in the British Pharmacopoeia.

4. The number or quantity entered in the schedule is the probable number or quantity which the Dean/Superintendent requires to be supplied and may be more or less according to actual requirements. Notwithstanding the estimate of probable quantities of numbers. the Dean Superintedent has the right to order any quantity or number of articles mentioned in the schedule as may from time to time be required, or not to order any quantity or number of any of such articles at all.

5. Tenders should be submitted in the prescribed forms which can be had from the hospital on payment of a fee of ruppes five plus sales tax. The fee should be paid into Reserve Bank of India, Madras or any of the branches of the State Bank of India, or any Government Treasury under the head "080—Ag. Medical—A. Allopathy Other Receipts—08—other items—Director of Health Services and Family Planning" (ii) under the head "040—b. Sales Tax—Receipts under the Sales Tax Act—05 Other receipts (i) General Sales Tax" and the chalan produced at the hospital for obtaining the forms.

6. Rates should be quoted separately for each article No tender for the supply of articles marked "at current market rate" will be accepted. The contract rate should include charge for delivery of articles at the hospital.

7. Each tender must contain not only the rates but also the total value of each item of supply entered in a separate column. the items in which must be totalled up showing the aggregate value of each entire tender. The rates quoted in tenders should also be expressed in words in a separate column provided for the purpose.

7-A. The Government hereby agree that during the term fixed by this contract and except as herein provided. Government shal not purchase from any person or persons other than the contractor or from any company or corporation all or any quantities of goods or materials agreed to be supplied by the contractor.

8. Every correction in the tender should invariably be intiated by the tenderer, failing which the tender will be rejected.

9. No person making a tender shall be allowed at any time and on any ground whatsoever any claim for revision or modification of the rates quoted by him. The tenderer should clearly understand that the rates quoted by him include the payment of customs duties payable at the time of tender or any enhancement thereof or which may thereafter be levied on all or any of the articles tendered for.

9-A. The price quoted by the contractor shall not in any case exceed the contracts price, if any, fixed by Government or the reasonable prices it is permissible for him to charge a private, purchaser for the same class and description of goods under the provisions of clause 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If price quoted exceed the controlled price or the prices permissible under the Hoarding and Profiteering Prevention Ordinance, the contractor will specically mention this fact in his tender along with reasons for quoting such higher prices. The purchaser at his discretion will in such case exercise the right of revising the price at any stage, so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Ordinance. The discretion will be exercise without prejudice to any other action that may be taken against the contractor.

10. Each tender must be accompanied by a deposit equal to 5 percent of the total aggregate value of the articles tendered for at earnest money unless exemption has been authorised under clause 11. Deposits of earnest money may be in the form of Government promissory notes which should be sent with the tender.

At the option the contractor may pay cash into the Reserve Bank of India, Madras, or of any of the branches of the State Bank of India or any Government treasury in the mufassal in favour of the Dean/Superintendent of the hospital, in which case the bank or treasury receipt should be sent with the tender.

No cash will be received by the Dean/Superintendent as earnest money deposit. When several articles tendered for, one bank or treasury receipt for the total amount of earnest money will be received. In default of deposits of earnest money in one of the modes above mentioned the tender will be rejected.

Note.—The earnest money in the case of any one article is limited to a maximum of Rs. 1,000.

11. On no account will the security deposit of a previous contract be taken as an authority to permit a tender to make his tender without depositing earnest money. With the approval of the Director of Health Services and Family Planning/Director of Medical Education the amount of earnest money to be deposited may be reduced or dispensed with in the case of approved contractors or firms of established repute. But the previous permission of the Director of Health Services and Family Planning/Director of Medical Education should be obtained for such reductions or dispensations and applications therefor should be made in the prescribed form which may be had free of cost on application to the Superintendent/Dean.

12. Tenders should be superscribed in the manner classified in clause I above and on the cover the words "TENDER FOR HOSPITAL SUPPLIES" should be written.

13. Sealed samples of articles tendered for should be submitted free of cost by the tender within two days when called for. Samples should also be submitted free of cost by the tenderer from time to time if so required by the Superintendent/Dean during the period of the contract and the samples will be subject to analysis by the Government Analyst if the Superintendent/Dean so directs. The tenderer should distinctly understand that their supplies should conform to the approved samples and where no samples are being deposited, the decision of the Superintendent/Dean as to the quality of the goods shall be final and binding.

14. The Dean/Superintendent at his option may require any tenderer to produce a solvency certificate signed by the Tahsildar within a period fixed by him.

NOTE.—Each tender must be accompanied by a solvency certificate obtained on or after 1st October 19 ...... and signed by a Tahsildar or a true copy of the same attested by a Gazetted Officer failing which the tendnr will be rejected.

14-A. In cases where the value of the contract, that is, the probable cost of the annual requirement exceeds Rs. 10,000 every tenderer should produce an income-tax verification certificate in the prescribed form which can be copied at the office of the Dean/Superintendent. The certificate should be produced within one month from the date of submission of tenders or within such time as to Dean/Superintendent may in his discretion allow.

15. The acceptance or otherwise of tender will be communicated to the tenderer in writing.

16. The Dean /Superintendent/Medical Officer reserves to himself the right to reject the tenders to accept the tenders for the supply of all the articles or for only one or more of the articles tendered for the in a tender without assigning any reason for so doing.

17. The earnest money deposit will be returned to the unsuccessful tenderers immediately after the results of the tender; it may, at the discretion of the Dean/Superintendent of the Hospital be adjusted towards the security depoit payable by him under clause 18 below.

The successfil tenders will also be required to deposit on or before the date herein fixed for execution of the agreement a security of 10 per cent of the total value of the supplies undertaken in the Post Office Savings Bank Secirity Deposit or Government Promissory notes, or in such other forms as laid down in the succeeding clauses.

18. The successful tenders will be required to enter into a stamped agreement (stamp duty to be paid by the contractor) with the Dean/Superintendent/Medical Officer of the hospital, draft of which may be seen at the office of the Dean/Superintendent/Medical Officer within fifteen days of their receipt of intimation by them that their rates have been accepted.

With the approval of the Director of Health Services and Family Planning Director of Medical Education the amount of security deposit may be reduced in the case of approved contractor and firms of established repute.

19. The Dean/Superintendent will be at liberty within a period of three months from the date of commencement of the contract to terminate without assigning any reason therefor the contract either wholly or in part or one months notice, the contractor will not be entitled to any compensation whatsoever in respect of such termination.

20. When Government securities municipal, debentures or Port Trust bonds are tendered as security by contractor they will be accepted at 5 per cent below the market price ar at the face value, whichever is less.

21. Government promissory notes, lodged as earnest money or security deposit for a period of 12 months or less, shall not be endorsed over to the Dean/Superintendent but shall remain in the name of the depositor, The Government will have power to appropriate or cancel the notes and authority to that effect will be entered in the contracts or other document Securities Manual.

22. Investments in Co-operative Provincial Bank or Co-operative Central Banks approved for the purpose by the Registrar of Co-operative Societies may be lodged as securities subject to the conditions—:

(1) that the deposit is made in the name of the Dean/Superintendent of the hospital ;

(2) that the contractor agree in writing that he undertakes the risks, if any, involve in the investment ; pand

(3) that the bank concerned certificate on the depot receipt that the deposit is withdrawable on the Dean/Superintendent's demand,

23. If the tenders fails to execute the agreement and/or deposit the required security within the time specified orwithdraw their tender after the intimation of the acceptnace or their tender has been sent to them. or owing to anyother reason they are unabl to undertake the contract, their contract will be cancelled and the earnest money deposit by them along with their tender forfeited to Government and they will also be liable for all damages sustained by the Dean/Superintendent bey reason of such breach including the liability to pay and difference between the prices accepted by him and those ultimately paid by him or such articles.

Such damages shall be assessed by the Dean/Superintendent whose decision is final and the amount so assessed is recovereab e by proceedings under he Tamil Nadu Revenue Recovery Act, 1864 (Tamil Nadu Act II of 1864), as an arrear of land revenue.

24. The contract may not be sublet without the permission of the Director of Health Services and Family Planning/Director of Medical Education.

25. No articles shall be supplied to the Hospital, except on a requisition in writing sign by the Dean/Superintendent or by some person authorised by the Dean/Superintendent in writing to do so.

26. No advance of cash will be made to the contractor.

27. Payment will be made on monthly bills, in calculating the amount due under such bills fractions of less than half a rupee shall be disregarded and half a rupee or more shall be taken as rupee where the total of the bills amounts to Rs. 25 or more and where such total is less than Rs. 25, amounts below 5 paise shall be disregarded and 5 paise and above shall be taken ten paise.

28. The loss of Government, if any, incurred on account of purchase rendered necessary elsewhere by failure, neglect or refusal on the part of the contractors to supply according to the terms of the agreement will be recovered from them. If any articles or things supplied by the contractors have been partially or wholly used or consumed in the hospitals and they are subsequently found to be in bad order, unsound, unmerchantable inferrior in quality or description or not in accordance with samples or otherwise faulty or unfit for use or unwholesome, then the

contract price or prices of such articles or things will be recovered from the contractors if payment had already been made to them. Otherwise the contractor will not be entitled to any payment whatsoever for such articles. For infringment of the stipulation of the contract or for other justifiable reasons, the contract may be terminated by the Dean/Superintendent and the contractors shall be liable for all losses sustained by the Dean/Superintendent in consequence of the termination which may be recovered from the security deposited by the contractors or other money due to become due to them. In the event of such amounts being insufficient the balance may be recovered personally from the contractor or from their properties.

Provided, further and it is distrinctly understood that if any of the said articles and/or things are not available in the local market or if it not possible for the Superintendent/Daen to purchase the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said Superintendent/Dean in his sole discretion or for any person authorised by him hereunto purchase substitutes for the said articles and/or things and to recever from the contractor the difference, if any between the price or prices of the said substituted articles and/or things which may be so purchased or the money's which may have been paid for the same and the price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the Superintendent/Dean to the availablility of the said articles and things and as to whether it is not possible to purchase the said articles or things in time for hospital requiredments and as to the nature and quality of the substitutes to be purchased, will be treated as final and binding on the contractor.

SCHEDULE.

Baskets, large.
Brooms long, 7 inches girth.
Coconut brooms, 7 inches birth (well cleaned).
Coconuts (full) for scrubbers large.
Leaf umbrellas.
Date mats, 6 feet by 4 feet.
White washing brushes, country (full sizes bundles).
Winnows.
Chatties large.
Goglets, wide mouthed.
Goglets, covers special.
Water pots, small.
Linseed oil, pale, boiled.
Bees wax, yellow, superior quality.
Green powder.
Sand paper rough and soft.
Emery paper rough and soft.
Screws, sizes 1/4, inch, 1/2 inch, 3/4 inch, 1 inch, 1 1/2 inches, 2 inches.
Wire nails, sizes 1/4 inch, 1/2 inch, 3/4 inch, 1 1/2 inches, 2 inches.
Putti.
Glue.
Glasso polish No. 6 or Hutchison Metal Polish, 8 oz tins.
Wire mesh.
Twine, Europe.
Toilet paper.
Gileete razor blades, standard.
French polish.
Galvanized wire guage 13.
French chalk, [illegible] quality, English.
Soda ash heavy or light 1 or 2 cwt. bags
Caustic soda.
Bleaching powder.
Country washing soda (Fuller's earth).
Incense.
Linseed meal.
Waste cotton in bundles of I lb. each.
Soapnuts.
Crystal soda, white.

Diet—Storable.

Coke, soft, 1 to 1 1/2 inches in size, free from dust and other impurities.
Charcoal, free from powder and dust (in tons).
Firewood, casuarina, billets, of 1 1/2 inches to 2 inches in diameter and 2 feet in length.
Rice, boiled.
Rice, raw.:
Jaggery (cane).
Sugar, brown (cane).
Sugar, White (cane) granulated.:
Dhall (thuvarai) (good, Tiruppathur, of uniform light yellow colour of unbroken half grains, dry free from stones dirt or any extraneous matter, capable of being cooked completely within half to threefourths hour.).
Vanaspathy, Lion brand.
Tamarind, without seeds.
Chillies, dry.
Corriander
Cummin seed
Garlic.
Mustard, country.
Pepper, black.
Turmeric.
Vendium.
Asafoetida, L.G., Brand.
Blackgram, broken and well cleaned.
Ginger, dry.
Salt, common.
Oil, gingilly.
Oil, coconut, in 38 lb., tins, pure.
Arrowroot powder derived from the plant Maranta Arunditolal in lb. tin.
Barkley (loose, Indian).:
Corn flour, in I lb. tin.
Maida (American flour).
Vermicelli.
Sago (well cleaned).
Sooji,
Brown, wheat (fine mees).
Appalams, large.
Coffee powder, first sort Peaberry in 7 lb. tins.
Coffee powder, second sort, Arabica or Cherry straight, 7 or 20 lb. tins.
Tea, Orange Pekos. loose or 12 lb. chest.:
Europe mustard 1/2 lb. tins.
White salt, Standard or Philips or Dalmia in 1 lb. packets.
Vinegar, Europe, white control, large.
Baking Powder.
Salad oil, 10 oz. bottle.
Essence of coffee.
Essence of vannilla.
Essence of almond.
Biscuts in 1/2 lb. packet or loose in 8 to 15 lb. tins.
Horlicks malted milk, large.
Nutmeg.
Apricots.
Quacker oats in 1½ lb. tins.
Jam Prevent's mixed fruit, 8 1/2, lb. or household 7 lb. tins.
Marmalade Jam in 1 lb. tin.

Diet—Perishable.

SPECIFICATION FOR THE DIET ARTICLES REQUIRED FOR THE GOVERNMENT MEDICAL INSTITUTIONS.

1. *Apples.*—"Agmark" or ungraded—Good—Australian Kulu Big size not less than 0.076 metres (3") in diameter reddish in colour, sweet in taste—Not less than 125 grams in weight.

2. *Blackgram.*—Broken and well cleaned—should be of good quality clean. free from any facing or added colouring matter.

3. *Butter.*—Should be supplied in packets of 30 grams or 15 grams as is required from time to time after deducting the weight of the paper. Should be pure, clean, fresh and good flavour devoid of rancidity and derived entirely from cows or buffalces milk or creen or oth. Should not contain more than 16 percent of water. Should it containless than 80 per cent of milk fat or more than 3 percent commonsalt and should not contain any preservative or colouring matter The clarified fat from the butter shall conform to the following specifications :—

R.M. Value.—Not less than 26. Butryo Regractometer reading at 40.0C—40.5 to 43-5.

4. *Bread* (*White and Brown*).—Should be made from fresh clean, wheat flour and well, backed. Should be free from alum and yield and acidity equivalent to not more than 4.5 ml. normal acid per 100 grans of bread moisture should not exceed 45 per cent and ash insoluble in acid not more than 0.1 per cent.

The white and Brown bread supplied to the Hospital should be in 400 grams leaves. Less weight of leaves supplied of any wil' be deducted from the bill of the contractor.

5. *Biscuits.*—Should be made of wheat flour and should not contain more than 8 per cent moisture. Should be fresh, crisp well baked of satisfactory texture and consistency pleasant taste and flour and free from weevils mould and all injurious constituts. The free fatty acid (expressed as oleicacid) of the fat derived from the biscuits should not be more than 2.5 per cent.

6. *Barley.*—Should be of good quality, c'ean and fresh and unadulterate. Moisture should not exceed 12 per cent. Ash insoluble in hydrochloric acid not more than 0.2. per cent.

7. *Chiliies, Corriander, Pepper Black Cummin seeds Garlic Mustard and Vendium.*—Should be fres h, dry, clean and sound, free from dirt, foreign grain mould and insect damages.

8. *Cow's Milk.*—Should be clean wholesome and pure. Should contain not less than 3.5. per cent of mi'k fat and not less than 8.5 per cent of solids not fat. Cows should be milked at the hospital premises both morning and eveining in the presence of the Hospital Staff. If the contract for the supply of milk is entrusted to Co-operative Milk Supply Unions and Societies the requirements of milk may be supplied in sealed cans The Lactometer reading should not be less than 10.28 at ordinaryroomtemperature. A litre milk should weight not less than 1.022 kilograms The contract for the supply of milk will be subject to thediary rules of the hospital besides the sample that may be taken by the Hospital Authorities. Inspector's appointed under the prevention of Food Adulteration Act may also take samples from the Contractors' Supply at the when he delivers the articles in the Hospital in accordance with the Preventions of Food Adulteration Act, 1954.

9. *Coffee powder.*—Should be the ground Product of Roasted Seeds of Coffee Arabica. Should be from free adulteration with Coffee husk or any foreign substance and should conform to the following analytical figures :—

Water extract 2.5 to 3.2. per cent. Coffee at least 1.2 per cent Alkalinity of ask shall be equivalent to not less than 3.4. ml. and not more than 4.4.ml. of N/10 acid per gram of dried Coffee powder.

The requirements of Coffee powder for the supply of Coffee to the Special Ward patients tinly will be purchased from any persons firm or company other than the contracter at the discretions of the Superintendent. This quantity is not included in the probab'e requirements.

10. *Dhall* (*Thuvarai*).—Should be dry, fresh, devoid of tusk and colouring matter end uninfected by insects should notbe dampor clotted should befree from shirvelled discoloured or immature should and be of good cooking quality. Moisture should not exceed 12 per cent. Broken ha'f grains should not exceed 10 per cent.

11. *Eggs* (*Hens*).—"Agmark" B graded or ungraded—Ordinary Fresh each weighing not less 42.5 grams. The rates should be quoted for 100 Nos.

Shortage in weight in the supplies will be deducted from the bill of the contractor. In weighting the eggs. small eggs shall be picked out and rejected. The big ones shall be weight edialots of 100 and they should be accepted provided the weight of the lot does not fall be lows 3.825 kilograms. Proportionate deduction will be in the payment to the contractor for the differentce between the standard weight i.e., 4.250 kg. (per100) and the actual weight.

12. *Fish* (*Excluding wastage*).—The contractor should bring for inspection full fresh fish with head and tail such as Vanchara, Vavol, Kannam, Kavathi, Valol, Cutla Madavai, Keduva, Kalithi, Kolvasi and Rock fish. After it has been accepted, the contractor should cut it into pieces and supply the required quantity after removing bones etc.,Iced fish will not be accepted.

13. *Mutton without bone.*—First sort, sheep, Each sheep must weight not less than 9.072 kilogramsonlymalesheepwill be accepted The feetandtailof the sheep should be in fact when the mutton is beingpassed by the Superintendent. Goat's flesh will not be accepted as mutton under any circumstances. In respect of Hospitals where cold storage facilities are available, mutton must be supplied from sheep slaughtered on the previous evening and the carcasses brought to the hospital immediately and kept in the cold storage room and the same must be weighed and supplied to the hospital as per indent the next morning In respect of Hospitals where cold storage facilities are not available mutton must be supplied from fresh slaughter sheep. The carcasses should be brought to the Hospital and the same , weighed and supplied as per indent. The contractor should himself arrange for cutting the mutton and separating the bones, in the presence of the hospital authorities. If quantity indents for is less than 9.072 kilograms the contractor should bringumutton with legand shoulder of the male sheep in tact.

14. *Oranges.*—Sathukudi or Kamala as is required from time to time according to season Fresh, best quality to weight not less than 170 grams each of "Sathukudi" and 113 grams each if "Kamala" the fruit should be asweet. The rate quoted should be common for both "Sathukudi" and "Kamala".—"Agmarkgraded or ungraded."

Oranges Kamala or Sathukudishould be supplied according to the indents placed by the Hospital authorities. Full sized as available during the seasons weighing not less than 113 if Kamala of 170 grams of Sathukudis should be supplied. The weight specified above is the minimum weight. Less weight below this minimum if any will be deducted from the bill of the contractor.

The supply of any will be liable to be rejected if the shortage in weight is above the limit which the institution may consider reasonable regard being had to the particular time of the year.

For weighment of Oranges in Government Medical Institutions whose requirements are more than 100 per day, the following procedure will be followed :—

(*a*) That small oranges may be picked out from the supplies made by the contractors and rejected.

(*b*) That the big ones may then be weighed in lots of ons hundred.

(*c*) That the lots of big ones may be accepted provided the weight of each lot does not fall below the minimum weight of 15.300 kg. for Sathukudies and 10.206 kg for Kamala Oranges i.e., 10 per cent less than the total prescribed weight ; and

(*d*) That proportionate deductions should be made in the payment to the contractor for the difference between the Standard weight and the actual weight

15. *Plantains.*—Should be good, fully ripe, fresh fruits of good size. Yellow or green variety. Not less than 127 m.m. in length if yellow and 152 m.m. if green.

16. *Potatoes.*— "Agmark" or ungraded—None to weigh less than 50 gms each fresh, first sort. The contractor should supply over and above the actual requirements and extrat quantity of 199 grams to a kilogram to cover wastage.

17. *Sugar Brown* (*Cane*).—Should be of granual brownish powder, clean dry, lumus, of not dark colour of pleasant flavour and taste, free from mould growth fermentation and impurities. Moistures should not exceed 10 per cent. Ash insoluble in dilute hydrochloric acid not more than 0.6 per cent Total sugar content not less than 85 per cent.

18. *Vegetable.*—Varied or such descriptions as can be procurable during the year excluding wastage. The following nine items should be supplied according to season :—

(1) *Root vegetables.*—(*a*) Chemakilangu, (*b*) Raddish, (*c*) Sweet potatoes. (*d*) Carrot (*e*) Knol-khol, (*f*) Yam (Nor-irritant), (*g*) Turnip and (*h*) Beet-root.

(2) *Watery vegetables.*—(*a*) Cho-cho, (*b*) Snake-gourd, (*c*) Ribbed gourd Quality and (*d*) Bitter gourd.

(3) *Other common varieties.*—(*a*) Lady's finger, (*b*) Drum Sticks, (*c*) Brinjal, (*d*) Green Plantains, (*e*) Beans, (*f*) Avarakai and Cabbage.

(i) Two items of vegetables should be supplied every day.

(ii) A particular item of vegetable supplied on any day should not be repeated within threedaysduringthe months of May,June, July instance if chemakilangu (among the root varieties) is supplied on 1st April any other root varieties should not be supplied within four days.

Wastages.—The contractor should supply over and above the actual requirements, an extra quantity, as stated below to cover wastage free of cost.

Articles.	Extra quantity to be supplied.
(1)	(2)
All vegetables	250 grams to a kilogram.
Sweet Potatoes	125 grams to a kilogram.
Leafy vegetables	125 grams to a kilogram.
Ordinary potatoes	188 grams to a kilogram.

19. *Arrowroot flour.*—(Derived from Plant Marents Arundinacca) should be of good quality, clean fresh and unadulterated. Moisture shall not exceed 12 per cent. Ash insoluble in hydrochloric acid not more than 9.2 per cent.

20. *Asafoetida.*—Should be the componud of asafoetida composed of one or more varieties of asafoetida (Irani and or Pathani wing) g.m. Arabic and wheat or rice or tapioca flour. It should not contain sand, gravel or other foreign mineral matters colephony resin, galbenum resin comminicum resin or any other foreign resin. The ash content should not exceed 10 per cent of its weight and the alcoholicextract (with 90 per cent of alcohol) should not be less than 10 per cent. Use of Coaltar dyes of mineral pigments is prohibited.

21. *Common Salt.*—Should be white, dry, free from Stans, insoluble matter heavy metals and injurious substances. Moisture should not exceed 6 per cent. Sodium Chloride should not be less than 96 per cent on moisture free basis. Water insoluble matter shall exceed 1 per cent.

22. *Greens (Fresh).*—The contractor should supply over and above the actual requirements an extra quantity of 125 grams to a kilogram to cover wastage.

23. *Oats.*—Should be fresh of pleasant taste and flavour and free from spoilage and insects, Champion Oats in original tins of 550 grams each.

24. *Sago.*—Should be of good quality, dry hard small grains consisting of genuine sago (Metro Oxyline sago) or tapica (Manihet Utilisation).

25. *Turmeric.*—Should be dried rhizome or bulbons root of plant of Genus Gurcuma and species Longa. It should not contain any artificial colouring matter and should not contain more than 25 parts per million of lead.

PART III—CONTRACT AGREEMENT FORM.

Agreement made the day of of 19 between (hereinafter called "the contractor") of the one part and the Government of Tamil Nadu (hereinafter called "the purchaser") of the part.

Whereas the Contractor has agreed with the Purchaser to supply to the Government Hospital at all such quantities of the articles and/or things specified and described in the schedule annexed to Part II of the Diet Rules (and which said articles and/or things are hereinafter referred to as "the said article and/or things") as the Contractor shall be required by or on behalf of the Purchaser to supply for the said Government Hospital at any time or times hereinafter during the period of commencing from the first day of 19 and at the price or prices and in the manner and upon the terms and conditions hereinafter mentioned.

And whereas the contractor has deposited with Government securities of the face-value of rupees more particularly described in the second schedule herein described as security for the due and faithful performance by the contractor of his contract.

Now these presents witness that for carrying the said agreement into execution the contractor on the one part for himself, his heirs, executors, administrators, legal representatives, and permitted assigns and the purchaser on the other part for himself, his successors and assigns mutually covenant declare contract and agree each of them with the other of them in manner following (that is to say) :—

1. At any time or times and at all times during the period of commencing with the first day of 19 at which the contractor shall be required by the Dean/Superintendent for the time being of the Government Hospital at (hereinafter referred to as "the said Dean/Superintendent") so to do the contractor shall and will supply to the said Government hospital at and for such price or prices as are specified in the said schedule all such quantities of the said articles and/or things as the said Dean/Superintendent shall from time to time require the contractor to supply under the contract and all such articles and/or things shall be delivered by the contractor between such hours on such day or days such place or place to such person or persons and in such manner as the said Dean/Superintendent shall from time to time and at any time require or direct and it is expressly agreed by and between the parties hereto that notwithstanding any estimates of probable quantities or numbers that may have been mentioned by or on behalf of the purchaser prior to the execution of these presents the Purchaser has the right to order any quantity or number of any of the said articles /and/or things mentioned in the said schedule as may from time to time be required by or on behalf of the Purchaser to be supplied as aforsaid during the period herein fixed or not to any other quantity or number of any of such articles and/or things at all.

The Contractor shall not at any time and on any ground whatsoever during the period of years herein before fixed claim any revision or modification of the rates respectively agreed upon for the articles and/or things mentioned in the first schedule under written and specified therein. It is hereby understood and agreed that the rates so fixed include the payment by the Contractor of customs duties now payable or any enhancement thereof or which may hereafter be served on all or any of the said articles and/or things mentioned in the first schedule.

2-A. The purchaser at his discretion will exercise the right of revising the price of any of the articles at any stage so as to conform with the controlled price. This discrction will be exercised without prejudice to any other action that may be taken against the contractor.

3. All articles and/or things supplied by the contractor under this contract shall be of the qualities and descriptions specified in the said schedule and if samples have been deposited by the contractor they shall conform to such samples, in case of doubt the description of the article shall be of those given in the British Pharmacopea. The Purchaser is entitled to call upon the contractor from time to time and at any time during the period of this contract to supply samples free of cost of all or any of the articles and/or things supplied by the contractor under this contract and the said articles and/or things supplied and to be supplied by the contractor shall conform to such samples.

In the case of storable articles of diet, they shall conform as nearly as possible to the samples deposited by the contractor and where no samples have been deposited, the decision of the said purchaser as to the quality of the goods shall be final and binding on the contractor. In the case of non-storable articles of diet, their quality shall as far as possible be tested by the Public Analyst and when so tested his decision shall be final and binding on the contractor. It shall not be incumbent on the purchaser to take from the contractor the quantity of the said articles and/or things mentioned in the said schedule or any larger or smaller quantity of quantities thereof respectively than any, from time to time be required by the purchaser but the purchaser hereby agrees that except as herein provided he shall not buy during the period herein contracted to be supplied by the contractor or any part thereof from any person, firm or company other than the contractor.

4. All articles and/or things supplied by the contractor shall be subject to inspection and acceptance or rejection by such person as the said Dean/Superintendent shall from time to time name and appoint to that duty or for that purpose (and which said person to be so named and appointed as aforesaid is hereinafter referred to as "the Inspection Officer".)

5. All articles and/or things supplied by the contractor which in the opinion of the Inspecting Officer of Government Analyst shall be bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with the samples of the articles and/or things specified in the said Schedule or deposited by the contractor or otherwise faulty or unfit for use or unwholesome shall or may be rejected by the Inspecting Officer and his opinion and rejection shall in all respects be final and conclusive and altogether operative and binding upon the contrctor and shall not be open or subject to question or dispute by the contractor upon any ground what soever.

6. All articles and/or things supplied by the contractor which shall be rejected by the Inspecting Officer shall be removed by the contractor within one hour after such rejection shall have been notified to the contractor by the Inspecting Officer.

7. In lieu of any articles and/or things which shall have been rejected by the Inspecting Officer under the provision herein before contained the contractor shall and will within one hour after such rejection shall have been notified to him as aforesaid supply and deliver to the said Government Hospital, between such hours at such place or places, to such person or persons and in such manner as the said Dean/Superintendent shall require or direct such quantity or quantities of the said articles and/or things of the qualities and descriptions specified in the first scheduled as shall be equivalent in quantity or quantities to the quantity or quantities of the said articles and/or things which shall have been so rejected as aforesaid.

8. All articles and/or things supplied in lieu of or in substitution for rejected articles and/or things shall be in like manner subject to such inspection rejection and removal as aforesaid as often as the Inspecting Officer shall consider necessary.

9. In case of any neglect or refusal on the part on the contractor to supply and deliver any of the said articles or things which the said Dean/Superintendent shall from time to time require the contractor to supply and deliver and of such approved quality and at such time or times, place or places and in such manner as herein before provided and so often as any such neglect or refusal shall happen it shall be lawful for the said Dean/Superintendent or any person by him hereunto authorised to purchase elsewhere and from any other person or persons whomsoever such quantities of the said articles and/or things as shall not have been duly supplied and delivered by the contractor or as shall be required in lieu of any of the said articles and/or things which shall have been so rejected as aforesaid and to charge the difference (if any) between the price or prices of the articles and/or things which may be so purchased or the moneys which may have been paid for the same and the price or prices payable under their contract for such articles and/or things against the contractor. Provided further and it is hereby agreed that, if any articles and/or things which have already been accepted by or on behalf of the purchaser and partially or wholly used or consumed at the said Government Hospital are discovered by the Dean/Superintendent at any time after such acceptance and during or after use or consumption to be or have been in bad order, unsound, unmerchantable, inferior in quality or description or not in accordance with sample or otherwise faulty or unfit for use or unwholesome, then the contract price or prices of such articles or things will be recovered from the contractor if payment had already been made. Otherwise the contractor will not be entitled to any payment whatsoever for such articles :

Provided further and it is hereby agreed that if any of the said articles and/or things are not available in the local market or it is not possible for the purchase to purchaser the said articles and/or things in time for the requirements of the hospital, it shall be lawful for the said purchase in his sole description or for any person by him thereunto authorised to purchase substitute for the said articles and/or things and to recover from the contractor the difference if any, between the price or prices of the said substituted articles and/or things and to recover from the contractor the difference if any, between the price or prices of the said substituted articles and/or things which may be so purchased or the moneys which may have been paid for the same and price or prices payable under this contract to the contractor of similar articles or things which he has contracted to supply. The opinion of the purchaser as to the availability of the said articles and/or things and as to whether it is not possible to purchase the said articles and/or things in time and quality of the substitutes to be purchased, is final and binding on the contractor.

9-A. The price quoted by the contractor shall not in any case exceed the controlled price, if any, fixed by Government or the reasonable price which it is permissible for him to charge a private purchaser for the same class and description of goods under the provisions of clauses 6 of the Hoarding and Profiteering Prevention Ordinance, 1943, as amended from time to time. If the prices quoted exceed the controlled price the contractor will specifically mention this fact in the tender along with the reasons for quoting such higher prices. The purchaser at his discretion will in such cases exercise the right of revising the price at any stage so as to conform with the controlled price or the price permissible under the Hoarding and Profiteering Prevention Ordinance. This discretion will be exercised without prejudice to any other action that may be taken against the contractor.

10. The contractor shall pay and reimburse to the purchaser such price or difference in prices as aforesaid within two days after the same shall have been demanded from him by or on behalf of the purchaser.

11. The contractor shall and will submit and deliver to the said Dean/Superintendent on or before the twelfth day of every calendar month a bill or bills in the usual proper form for all articles and/or things supplied under this contract during the provisional calendar month. In calculating the amount due under such bills fractions of less than half a rupee shall be disregarded and half a rupee or more shall be taken as a rupee where the total of the bills amounts to Rs. 25 or more where such total is less than Rs. 25 amounts below 6 paise shall be disregarded and 6 paise and above shall be taken as 10 paise.

12. The contractor shall not be in any way interested or concerned directly or indirectly with any of the servants of the said Government Hospital in any trade, business or other transactions whatsoever nor shall the contractor give or pay or promise to give or pay to any such servant directly or indirectly any money or fee under the designation of 'custom' or otherwise nor shall contractor assign or make over this contract directly or indirectly to any person or persons whomsoever or permit any person or persons whomsoever to interfere in the management or performance hereof either under power-of-attorney granted by the contractor or otherwise without the consent in writing of the said Dean/Superintendent.

13. The contractor shall at all time during the continuance of this contract obey and carry out in all things the orders, instructions and directions of the said Dean/Superintendent and of all officers and servants acting under his orders and by him authorised to act in all or any of the matters and things herein contained and the contractor shall, except in case where the decision of the inspecting Officers or Government Analyst is by these presents made final and conclusive, abide by the decision of the said Dean/Superintendent and of any officer or servant acting under his orders and by him authorised to act for him in all matters relating to or in anywise concerning the construction of this contract or any matter, clause or things herein contained or any question, arising there out any and every such decision as aforesaid shall be final and conclusive and altogether operative and binding on the contractor and shall not be subject to question or review upon any ground whatsoever.

14. Within thirty days after the delivery and acceptance of any articles and for things supplied under this contract and the delivery of bills for the same the purchaser subject to the conditions thereof shall and will pay the contractor for all such articles and/or things as delivered and accepted at the rates specified for such articles and/or things in the first schedule.

14-A. A final payment of goods or materials supplied under this contract shall be made only on production by the contractor of a certificate from the Income-tax authorities that the income-tax payable by him up to and of the previous accounts year has been paid in full.

15. Upon the complete fulfilment of this contract by the contractor to the satisfaction of the said Dean/Superintendent the said Government securities described in the schedule shall be re-endorsed and returned to the contractor.

16. The purchaser shall be at liberty within a period of three months from the date hereof to terminate this agreement either wholly or in part on one month's notice and thereupon this agreement shall cease and be avoid and the contractor shall not be entitled to any compensation in respect of such determination.

17. In the case the contractor shall fail or neglect or refuse to observe, perform, fulfil and keep all or any one or more or any part of any one or more of the covenants, stipulations and provisions herein contained it shall be lawful for the said Dean/Superintendent (if he shall think fit so to do) without prejudice and in addition to all and every other the remedies herein before contained on behalf of the purchaser on any such failure, neglect or refusal as aforesaid by any writing under his hand to put an end to this contract either wholly ot in part so far as regards the purchaseer and thereupon every article, clause or things on his part herein contained shall cease and be avoid and in case any moneys, damages, losses, expenses, difference in price or compensation shall then or at any time during the continuance of this contract be due from or payable by contractor to the purchaser it shall be lawful for the said Dean/Superintendent to appropriate or cancel the securities more particularly described in the second schedule hereunder written so deposited by the contractor or herein before recited towards the sum or sums due as above stated and also from and out of any moneys then in the hands of the said Dean/Superintendent and payable or to become payable to the contractor to reimburse to the purchaser all such moneys, damages, losses, expenses, difference in price and compensation as the purchaser shall have sustaine or been put to or be entitled to by reason of the contractor having been guilty of any such failure neglect or refusal as aforesaid or other breach in the performance of this contract or as shall for the time being be due and owing from or payable by the contractor to the purchaser and if the amount of the securities so appropriated or cancelled and such other moneys as aforesaid shall be insufficient to pay and satisfy the whole or such moneys damages losses, expenses, difference in price and compensation as aforesaid then and in that case it shall be lawful for the purchaser to recover the residue thereof by proceedings under the Tamil Nadu Revenue Recovery Act, 1864 (Tamil Nadu Act II of 1864) when the liabilities to pay the residue and the amount thereof are not in dispute and/or legeal proceedings against the contractor upon the covenants and agreements herein contained as the purchaser may deem fit.

IN WITNESS whereof the said and Officer-in-charge hospital acting for and on behalf of and by the order and direction of His Excellency the Governor of Tamil Nadu have hereunto set their respective hands the day and year first above mentioned.

Signed by the above named in the presence of .. Contractor's signature.

Signed by the Officer-in-charge of hospital in the presence of. Dean/Superintendent's signature.

SCHEDULE.

Articles to be supplied.	Quantity.	Probable Quantity or number.	Price. Rs. P.	Remarks.

Contractor's signature .. Dean/Superintendent's signature.

PART IV—FORM FOR TENDERS.

To

The Dean/Superintendent

Government Hospital.

With reference to I submit the following tender :—

Description of articles.	Number of quantity tendered for.	Rate per in figures.	Rate per in words.	Total amount. RS. P.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)

(1) Bank receipt or Government Promissory Note for Rs. is forwarded herewith.

2a I bind myself to the conditions prescribed in......................................

(3) I agree to have the earnest money if in Government Promissory Notes or bank receipts confiscated to Government in case of any failure to undertake the tender

Station : Tenderer.

(Address in full and clear.)

Date :

PART V—INVITATION AND SUBMISSON OF TENDERS.

1. The following procedures should be adopted for inviting tenders and their acceptance by the Government, the Director of Health Services and Family Planning, the Dean, or Superintendent as the case may be :—

A short notification in the form given below will be published by the Director of Health Services and Family Planning, Director of Medical Education in two issues of the Tamil Nadu Gazette both in the case of hospitals in the Madras City and in the mufassal. Medical Officers in the mufassal will send in time a similar notification in the District Gazettes and forward a duplicate copy of the notifications to the Director of Health Services and Family Planning and Director of Medical Education for record. Short advertisements in the leading local Indian language newspapers in the mufassal will also be published by the Medical Officers ; advertisements in certain leading newspaper in Madras will be issued by the Office of the Director of Health Services and Family Planning and Director of Medical Education.

TENDERS,

Supply of diet articles, etc., to Government Hospitals.

Notice is hereby given that sealed tenders in duplicate for the supply of diet articles and other hospital requirements from the 1st April 19 to the 31st March 19 for the Government Hospitals in the Madras City and in the mufassal will be received by the Medical Officer in-charge of the Hospitals concerned upto 2 p.m. on Monday, the
January, 19

Printed copies of the conditions of tender, scheduled of articles required for each hospital and the forms of tender can be had on application at the hospital concerned.

Such applications should be accompanied by chalans for Rs. 5 (Rs. five only) and for Sales Tax. The fee should be paid into the Reserve Bank of India, Madras or any of the branches of the State Bank of India or any Government Treasury to the credit of the Government.

A solvency certificate obtained on or after the 1st October 19 and signed by a Tahsildar or a true copy of the same attested by a Gazetted Officer should be sent along with the tender.

2. Only the schedule of articles of diet, etc., required for each hospital will be printed annually by the Medical Officers. This schedule and the conditions of tender should both be regarded as one form-tender notification (MI-84).

One copy of the tender notification and two copies of the tender form should be supplied to persons paying the prescribed fee of Rs. 5 plus sales tax referred to in rule 1 above.

3. Copies of the hand bill similar to the short notification referred to in rule 1 above will be printed and supplied to the contractors in the approved list free of charge.

In the case of City State Hospitals the hand bills will be printed and supplied to the approved contractors by the Dean, Government General Hospital, Madras. Spare copies of the hand bills will also be supplied to the Dean and the Superintendents of other hospitals for distribution to intending tenderes who are not on the approved list.

4. The approved list of contractors will be compiled annually (during the month of October) by the Office of the Director of Health Services and Family Planning and Director of Medical Education.

5. The last day for the receipt of the tenders will be fixed by the Director of Health Services and Family Planning Director of Medical Education. It is usually the first Monday in January 2 p.m. and if that day happens to be a holiday, the following day.

6. Tenders should be forwarded to the Director of Health Services and Family Planning Director Medical Education with the recommendations of the Dean or Superintendents by the 25th January. The following documents should accompany the tenders :—

I BATCH

(1) Letter containing the recommendations of the Head of Medicyl Institution together with the certificate in duplicate stating that the tenders taken up for consideration have been received.

(2) Statement showing the names of all the tenderers and the earnest money deposited by them (Statement A).

(3) Statement showing the names of the tenders and extent of their solvency (Statement B).

(4) Analytical report on bread somples;

(5) One copy of the conditions of tender; and

(6) One copy of the schedule of articles.

II BATCH.

(1) One copy in each of the tenders received (Original).

(2) Market rate furnished by the Tahsildar;

(3) One copy of the conditions of tender;

(4) One copy of the schedule of articles; and

(5) Comparative statement in duplicate.

STATEMENT A.

Serial number	Name of the tenderer.	Total amount of tender.	Whether the signature in column (3) is correct are not.	Five per cent of total amount.	Amount deposited.	Date on which deposit was made.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Certified that the deposit has been made in one of the modes prescribed in clause 10 read with clause 22 of the conditions of the tender.

NOTE. 1 ; In the case of tenders exempted from payment of earnest money amount, the amount of deposit made should be given separately in Column (6).

NOTE. : No chalan or receipt need be sent to the office of D.H.S. 2 F.P./D.M.E. 1.

STATEMENT B.

Serial number.	Name of the tenderer.	Last date fixed for the receipt of solvency certificates.	Date on which the certificate was received.	Amount of Solvency.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)

NOTES.—(1) in the column "Remarks" the Head of Medical Institution should say whether he is satisfied with the solvency of the tenderer or not. If not specific reasons should be given.

(2) No solvency certificate need be sent to the Office of the Director of Health Services and Family Planning/Director of Medical Education unless called for.

The files sent to the Director of Health Services and Family Planning/Director of Medical Education should contain complete particulars so as to obviate the necessity for making further references by the Director of Health Services and Family Planning/Director of Medical Education.

Treasury receipts or Bank receipts ledged by tenderers as earnest money should not be sent to the Office of the Director of Health Services and Family Planning/Director of Medical Education unless specifically called for in any particular case.

Explanation should be furnished whenever necessary, e.g.—

(i) When the head of the medical institution proposes to accept a rate other than the lowest.

(ii) When any of the tenderers is considered not a safe man to deal with on account of his financial instability, commercial dishonesty, want of business capacity or past unsatisfactory record.

(iii) When articles available in the Jail Department are proposed to be purchased elsewhere.

(iv) When there are marked variations between the market rates and the recommended rates.

(v) When departmental purchase of any particular article is advocated, etc.

The explanation may be furnished either in the comparative statement or in the covering letter. Re-tenders may be invited in the following circumstances :—

(i) If the lowest tender rate exceeds the market rate by 10 per cent, unless the market rate reported is suspicious and appears to be unduly inflated. In the latter case, the existing contract rate may be adopted as the basis, and re-tender may be invited if the otherwise acceptable lowest tender rate exceeds 10 per cent of the current contract rate. Comparison with the current contract rate may be resorted to only to this extent and not when the tender rate is within the market rate (not considered suspicious) plus 10 per cent ;

(ii) if the contractors are reported to have formed a ring and quoted high rate ; and

(iii) if the lowest tender rate is high as compared with the rate quoted for another hospital in the same place, after making due allowance for the extra transport charge.

(Director of Health Services and Family Planning P. No. 36-A-2/52, dated 18th March 1952).

PART VI—AGREEMENTS WITH CONTRACTORS.

The following instructions should be carefully observed in executing agreement bonds :—

(i) Agreement bonds should be executed in—

(a) Form M.I. No. 69 in the case of contractors paying Security deposits; or

(b) Form M.I. No. 70 in the case of persons exempted from payment of the security deposits

(ii) Under the Indian Stamps Act I of 1899, as amended by Act VI of 1922, agreement bonds require to be stamped with a non-judicial stamp of Rs. 2.50. This stamp paper should be used as the first page of each bond. Court-fee or postage stamps should not be used.

NOTE.—Co-operative Societies registered under the Tamil Nadu Co-operative Societies Act,1932 (Tamil Nadu Act VI of 1932) are exempted from the execution of the agreement in the judicial stamp paper.

(G. O. Ms. No. 1243, Development, dated 11th October 1933 and No. 222, Development, dated 15th January 1953 and Director of Medical Services, Circular P. No. 90/A 2/53, dated 5th June 1953).

(iii) Each page of the agreement bond and the accompanying schedule should be signed by both the contracting parties.

(iv) Any corrections, alterations or interlineations in the bond should be initialled by both the contracting parties.

(v) The rates in the schedule attached to the bond should be expressed in words.

(vi) Agreements in respect of contracts for supplies beginning from 1st April should be executed by Medical Officers-in-charge of institutions immediately after the receipt of orders of Government or the Director of Health Services and Family Planning/Director of Medical Education approving the accepted tender rates.

2. An agreement in the prescribed form is not necessary in cases where the value of the articles to be supplied by the contractor for the whole year is less than Rs. 25 it would be sufficient if a letter of acceptance from the firm or contractor to supply the articles required is received.

PART VII—HOW STORABLE ARTICLES ARE STORED.

Rice.—As new rice is less wholesome than old, if six months supply is to be stocked, it is desirable that the two kinds should be procured in equal quantities and that the old be used first.

New rice means rice of the latest crop, old rice that of the previous crop. Rice kept too long is liable to damage by insects and fungi. New rice is cheeper than rice that has been kept for some time. Rice is best stored in bags on tresles and should be inspected at intervals in the shade, not in the sun, so that the ravages by " weevils ", etc., may be readily detected.

Sugar and salt.—As the rates for these articles vary but little during the year, no advantage is derived from stocking large quantities. In wet weather the bags should be exposed as often as possible to direct sun-light. They should be stored in Pegu jars.

Tea.—keeps very well in the sheet lead covers in which received.

Tamarind, Dhall, Chillies, Corriander Seeds, etc.—Can be best preserved in the original bags on tresties. They should occasionally be exposed to the sun, more particularly during the rains. Tamarind with seeds is subject to deterioration.

Store rooms.—Should be kept as free as possible from dust and the direct rays of the sun. To exclude crows, sparrows and squirrels, opening where possible should be protected by wire-netting 1/4 inch mesh ; the use of rat-traps is also commended.

Kerosene oil.—should be stored in steel drums. If kept in any quantity care should be taken that no lights are allowed in the room.

PART VIII—STOCK CHECKING AND CONTROL.

At his inspections the Director of Health Services and Family Planning/Director of Medical Education should select certain article for examination as to quality and also check the stock on hand.

CONTROL REPORT ON ARTICLES OF DIET STORED IN THE HOSPITAL.

Name of articles.	Amount according to hospital stock book.	Actual amount.	Whether fit for hospital purposes or not.

Director of Health Services and Family Planning, Madras/Director of Medical Education.
Date:

PART IX—THE STORE KEEPER.

1. He shall enter into an agreement with the Dean/Superintendent in the prescribed form.

2. He shall be present daily for such period as the Dean/Superintendent may direct except for two hours allowed for meals. On Sunday he will be permitted, if possible, to leave after the morning work is over. Arrangements for leave on public holidays will be made as far as practicable from time to time.

3. He shall be in-charge of the store-rooms and shall be directly responsible to the Dean/Superintendent.

4. He shall enter into a security of rupees in Government paper endorsed to the Dean/Superintendent.

5. He shall receive all grain, etc., brought into store, weight the same and certify the weight and quality on the bill. He shall then send the bill to the steward for disposal, and bring to the notice of the Dean/Superintendent any deficiency in weight or quality before he forwards the bill.

6. He shall exercise all care that all articles in his charges are frequently examined and promptly reported to the Dean/Superintendent any deterioration from vermin, damp or any other cause.

7. He shall issue grain, etc., strictly in accordance with the daily requisition, signed by a steward or other proper authority and shall be personally responsible for all receipts into and issues from his stores.

He shall maintain the following books : -

(i) Day book of stores and stock.

(ii) Ledger of stores and stock.

(iii) Daily comparative statement of receipts and issues of stores and stock.

(iv) Monthly comparative statement of issues of stores and stocks.

8. At the end of each quarter he shall take stock and report to the Dean/Superinten the amount and condition of the stores.

9. (i) In hospitals, where no regular stock account of stores is maintained the procedure indicated below will be observed :—

The daily indents on the contractors for the diet articles required for each day which should be prepared in the office shall be sent every evening, i.e., at 5 p.m. (articles required for the next day) duly signed by the Resident Medical Officer or any other officer available in the hospital to the receiving officer of the diet articles (viz., Nursing Superintendent, Head Nurse, Nurse, etc.). The receiving officer as soon as articles are received should sign in the indent in the place provided for this purpose and indicate thereon variations, if any, and return the indents to the office. As soon as indents are received in the office, necessary entries should be made in the stock book maintained in the office after adjusting the day's transactions.

(ii) At the end of each month before passing the contractor's bill for payment, the quantities billed for by the contractor should be verified with reference to the totals made in the stock book of Diet articles as well as the total in the register of dieting patients, the entries in the latter register being made with reference to indents given to contractors based on bed-head tickets.

(Surgeon-General's P. No. 94/Misc./43, dated 1st Mach 1943.)

PART X—THE QUANTITY OF ARTICLES OF DIET.

1. The non-storable articles composing the various diets and extras will be ready at the morning visit for the inspection of the Medical Officer.

2. The cows from which the milk is supplied will be brought to the hospital morning and evening and milked under the supervision of a nurse or a sister of a religious order. Men nurses may be replaced for women nurses in this work, wherever possibl. In big institutions where large quantity of milk is consumed, the head of the institution should depute another nurse or any other member of the staff to assist the nurse or sister of the religious order, as the case may be in the supervision work. Periodically the Medical Officer in charge of the institution or the Residen Medical Officer should pay surprise visits to ensure effective work being done in this respect.

The milk so collected will be put at once into clean canes and locked up tiled handed ove to the cook for boiling, after which it will be again placed in the same canes and served out unde supervision.

(G.O. Ms. No. 1682, Health, dated 5th May 1953.)

3. The quality of butter may be generally determined by the taste. When melted in the test tube, the water and the case in below the oil ought not to exceed 15 per cent.

4. Ghee may be tested by taste and smell.

5. Good beef or mutton may be distinguished by appearance and smell, the fat should be fine and white, the flesh close ground and of a bright red colour, the inside of the leg of a sheep wellformed and plump. The feet of the sheep should be attached when the mutton is being passed by the Medical Officer.

6. The eggs must not have been preserved by any process and must be free from taint ; the shell must be clean, free from stain, sound of normal texture and shape. The contents must be free from blemish, the yolk central and translucent or fainty but not clearly outlined and freely mobiled ; the white must be translucent and clear and the air space must not exceed three-eighths of an inch in depth.

(G. O. No. 967, Developmeni, dated 4th June 1943 and Surgeon-General's P. No. 196/M/43, dated 26th August 1943).

PART XI—HOW ARTICLES OF DIET ARE ISSUED.

The articles either require cooking or they do not.

In the former case, requisitions are made on the store-keeper by the steward on various forms according to his requirements. Such articles are then sent to the kitchen.

In the latter case requisitions on the store-keeper are also made on the proper forms and the articles go to the wards direct.

PART XII—HOW ARTICLES OF DIET ARE COOKED.

1. Cooks employed in Government Hospitals should wear a neat white cap, clean jacket and trousers or dhoti. Turbans should be absolutely forbidden.

2. Arrangements should be made in each hospital to prevent ward servants or strangers from entering the kitchen on any pretence whatever. The only persons who should enter the kitchen or the responsible medical officers, nuns, stewards and the kitchen servants.

3. Cooking vessels with flat, not globular, bottom should be used.

4. The amount of firewood, etc., laid down in the scale per diet will diminish with the increase in the number of diets. Deans and Superintendents should note this carefully as otherwise there will be an unnecessary waste of fuel, etc.

5. Apart from the ingredients contained in the formulae for the preparation of diets and extras, certain articles as vinegar, salad oil, woroester sauce, essence of runnett, etc., required for the preparation of diets in the kitchen and salt (white), pepper, mustard, etc., for special use in the dining rooms may be issued as " Special issues ". An account of such articles must be maintained in the Special Issue Register (Medical Form Gr. III/B-129).

Medical Officers should note carefully that only such quantities of the above articles as may be actually required for use in the kitchens or dining rooms are used.

6. Milk should always be boiled before issue to patients.

7. Beef, tea and all broths may be ordered "jugged" when the total quantity of the pint will not exceed 240 ml. and meat, bones, etc., will be strained from the broth.

8. No broth or soup should be sent from the kitchen with grease on them.

9. Butter milk should be made in the hospital itself and not obtained as such from contractors —0.600 ml. of milk—1.500 litre of butter milk of specific gravity 10.14.

10. The tea should be infused (not boiled) in the presence of one of the stewards, a cauldron being exclusively reserved for the purpose.

11. The salt used for all diets should be of the quality known as country as supplied by the Governmen Salt Depot.

12. Each pint of milk to consist of 600 ml. One pint (600 ml. fluid) of milk by weight 580 grams.

Each unit of measure conjee to consist of 300 ml.

Each unit of measure broth to consist of 480 ml.

Each unit of measure jug-broth to consist of 240 ml.

Each unit of measure coffee to consist of 390 ml. and tea 360 ml.

13. In the General Hospital, Stanley Hospital and Mental Hospital, Madras 1.428 kg. by weight or 1.920 litre by measure is the out-turn of 0.454 gms. of raw rice when boiled.

14. The following country vegetables should be used to vary the diets for which country vegetables are ordered :—

Sweet potatoes, brinjals, bundakai, pumpkins, country spinach, goa potatoes, drumsticks, yams, country beans, country asparagus, spinach, etc.

15. The diets and cooked extras such as broth, conjee, coffee, etc., should invariably be served in the presence of the stewards and the nurses in-charge of the wards.

PART XIII—INSTRUCTIONS TO MEDICAL OFFICERS REGARDING THE DIETING MANAGEMENT OF THE SICK.

The Medical Officers without giving any previous warning should visit the hospital occassionally for the purpose of ascertaining whether the sick get the full quantities of the articles ordered, as well as for inspecting the meal.

2. *Diet sheet.*—The diet entries in the bed-head tickets must be made by the Medical Officer or Ward Assistant Surgeon and not by the nurse and house surgeons or house physicians.

All entries and corrections must be made in ink.

Entries must be legibly written

All corrections must be (initialled) with date.

Bed-head tickets that are illegibly written or in any way defective and likely to give rise to correspondence with the Accountant-General will be re-written by the Ward Assistant Surgeons who will present them to the respective Medical Officers for initials and return them with originals duly cancelled to the Steward's department. Medical Officers will see that the originals are marked " Cancelled ".

3. Assistant Surgeon's will enter the date and the hour of admission on the diet sheets and after completion, initial them at the right-hand top corner.

4. *Admission.*—If a patient is admitted before 12 noon he may be put on half diet (ordinary, acute, special, etc.) and his or her diet sheet should be sent at once to the diet clerk. If a patient is admitted late in the day he/she should be put on such extras as may be sufficient for the remaining portion of the day and the diet required for the next day will be written up.

5. *Discharges.*—Patients should as a rule, be discharged in the afternoon after their evening meals, but in the event of being necessarily detained for discharge in the morning, they should be ordered a half diet (morning meal).

6. Rules regarding the classification of diet and composition of the standard scales,approved for use in all hospitals are contained in Part XV.

7. Medical Officers have the discretion to vary the nature and composition of the model diets subject to the provision that the substitute diets so prescribed—

(i) are not below the standard calorific value of the model diets ; and

(ii) do not cost more than the model diets.

When a patient is ordered extras as substitute or in addition to the authorised hospital diets it must always be stated on the diet sheet to what class the patient belongs, i.e., "ordinary" " special " " acute ", " special—convalescent ", etc.

Infants under three years will be dieted on extras at the discretion of the Medical Officers.

Brandy and arrack may be prescribed when required as stimulants but they should then be classed as "medicine" and as food.

8. Medical Officers may order any special article of diet which they consider absolutely essential in the treatment of a particular case. They will invariably initial such entries and the diet sheets of all patients to whom extras are ordered either in addition to the standard scales of diet or as substitute diets in place of authorized diets.

9. All special orders regarding the cooking of diets must be endorsed on the diet sheets.

PART XIV—COST OF DIET AND PERMISSIBLE LIMIT.

1. At the beginning of each official year, the cost of each kind of standard diet and authorized extras should be calculated for each institution with reference to the accepted tender rates for the year. A copy of the list of cost of diets and extras will be supplied to each Medical Officer.

NOTE.—In working out the costs, the average cost of diet articles purchased departmentally during the amount of April should be taken as a temporary measure as the basis for calculation in respect of articles which are purchased departmentally from time to time.

(G.O. No. 2507, P. H., dated 12th August 1942).

2. Copies of the accepted tender rates and the list of cost of diets and extras should be communicated to the Accountant-General by the Deans/Superintendents of the Hospitals.

3. *Permissible Limit.*—The daily abstract of diets (diet roll) should be kept up separatelly for each class of patients. Separate extras should also be maintained for the several classes of special wards, i.e., A, B and C class wards and for the general wards. It should contain the following particulars :—

(i) the number of patients dieted on standard diets and the number dieted on extras only, classified according to the respective class of diets for which they are substituted—ordinary, acute, special, convalescent special, etc., as the case may be.

NOTE.—Self-diets should be classified separately and should not be taken into account in the cost of diet.

The extras issued under various classes of diets may be grouped together.

(ii) the actual cost of diet for the day i.e., the cost of the standard scales of diets plus the cost of the extras ; and

(iii) the permissible limit for the day.

This is worked out by multiplying the number of patients dieted under each class referred to in (1) above by the cost of diet of that class calculated with reference to the accepted tender rates and the total of the costs thus worked out for the several classes of diets is the permissible limit for the day.

The actual cost of diet referred to in clause (ii) should not exceed the permissible limit.

NOTE.—It is not necessary that the actual cost of the diets of each class should be compared with the permissible expenditure for that class of diet. It is sufficient if the actual cost of all the diets and the extra is compared with the total permissible cost. In-patients on self-diet should be excluded from the calculation.

4. When the actual cost for month exceeds the permissible limit, a special report should be made to the Director of Health Services and Family Planning/Director of Medical Education with full reasons therefor and sanction obtained for the extra expenditure incurred. The Accountant-General will also bring to the notice of the Government in his half-yearly or annual audit reports all instances of excess expenditure over the standard scales.

5. The comparison of the actual expenditure with the permissible limit both daily and monthly, is necessary in order to ensure an effective check over the expenditure on diet in Government hospitals and that it is sufficient if the special report to be made to the Director of Health Services and Family Planning/Director of Medical Education is confined to cases where the average monthly expenditure exceeds the permissible limit.

(G.O. No. 2003, Public Healths, dated 15th August 1930).

6. The daily comparative statement of actual cost of diets issued and that of the permissible limit for the day will be initialled by the Dean/Superintendent or the Resident Medical Officer who will endeavour to keep the daily cost within the permissible limit.

7. The expenditure of diets for special wards should be worked out separately and the average calculated daily for each class of wards. The average cost is found by dividing the amount spent on diets and extras by the number of patients for whom the diets and extras are issued for the days

8. *Limit of cost for special ward patients.*— The following limites of cost of diets have been fixed as the maximum for the day for any one patient in the special wards :—

	Rs.
A Class	4
B Class	3
C Class	2

(G.O. No. 3508, P.H., dated 18th September 1942.)

The limits fixed above should be taken as the permissible limits and when the monthly average exceeds these limits, a report should be made to the Director of Health Services and Family Planning/ Director of Medical Education with full reasons therefore and sanction obtained for extra expenditure incurred.

Surgeon-General's circular P. No. 128/Mis/42, dated 26th October 1942.)

PART XV— DIET SCALES.

Diets are classified as follows ;—

1. Ordinary diet.
2. Children's diet.
3. Special diet.

2. The basis of all is a nucleus diet to which certain additions can be made at the of the Medical Officer. In framing the several scales, the following criteria were considered :—

(1) A minimum calarific value,

(2) A certain variety so as to appeal to the patients and induce them to eat ; and

(3) Limitation of cost.

(G.O. No. 990, Health, dated May 1969.)

3. In ordering a diet, it is not necessary to write on the diet sheet more than "Ordinary-Adult"—"Ordinary-Children", C.M.B., etc., The variation of the diet is made by the steward department according to table. In special cases any particular diet may be ordered continusly but in that case the diet sheet be initialled by the Medical Officer.

4. The staff nurse in-charge of the ward is responsible that the patients are given the correct diets which have been ordered for them and will invariably be present and supervise the distribution of diets to the individual patients.

5. Nurses are to report to the steward at once in writing and to the Medical Officer at his next visit, anything they may have observed to be wrong in the quality of quantity of the meals served out to patients.

ANNEXURE.

ADULT—ORDINARY DIET (I.O.D.)

Name of item. (1)	*scale.* (2)
Iddlies and Sambar	2 Nos. or Bread 100 gms. Brown Sugar 30 gms. Butter 30 gms. or Ghee 15 gms.
Coffee	200 ml.
Boiled Rice	300 gms.
Dhall	50 gms.
Vegetables	100 gms.
Greens	50 gms.
Butter Milk	250 ml.
Pepper water	200 ml.
Curry Powder	15 gms.
Tamarind	15 gms.
Gingilly Oil	15 gms.
Salt—Common	20 gms.
Onions	10 gms.
C and K leaves	1 gm.
Black gram Croken	1 gm.
Mustard seeds	1 gm.
Asafoetida	0.1 gm. (1/10 gms.)
Orange	1 No.
Plantain, Ordinary	1 No.
Fire wood or	800 grams.
Coke and charcoal (in the ration of 7 : 3)	400 gms.

ADDITIONAL DIET—DAILY CHANGES (VEGETARIAN).

Sunday	Vegetables.	100 ms.
Monday	Do.	Do.
Tuesday	Do.	Do.
Wednesday	Potatoes.	Do.
Thursday	Vegetables	Do.
Friday	Do.	Do.
Saturday	Do.	Do.

ADDITIONAL DIET—DAILY CHANGES (NON-VEGETARIAN).

Sunday	Mutton without bones.	80 gms.
Monday	Vegetables	100 gms.
Tuesday	Fish	80 gms.
Wednesday	Potatoesg	100 gms.
Thursday	Eggs	2 Nos.
Friday	Vegetables	100 gms.
Saturday	Potatoes	100 gms.

DISTRIBUTION OF ADULT ORDINARY DIET—VEGETARIAN.

Days	*7 a.m.*	*9 a.m.*	*11 a.m.*		*1 p.m.*	*5 p.m.*		*7 p.m.*
Sunday	*Iddlies and Sambar—2 Nos. Coffee—200 ml.	.. .. ..	Rice Dhall and Vegetables Curry Greens Butter Milk Plantain	150 gms. 100 gms. 50 gms. 250 ml. 1 No.	Orange 1 No.	Rice Vegetable fry Pepper water	150 gms. 100 gms. 200 ml.	....
Monday	Do.	..	Do.		Do.	Do.		....
Tuesday	Do.	..	Do.		Do.	Do.		....
Wednesady	Do.	..	Do.		Do	Rice Potato fry Pepper water	150 gms. 100 gms. 200 ml.	....
Thursday	Do.	..	Do.		Do.	Rice Vegetable fry Pepper water	150 gms. 100 ms. 200 ml.	....
Friday	Do.	..	Do.		Do.	Do.		....
Saturday	Do.	..	Do.		Do.	Rice Potato fry Pepper water	150 gms. 100 gms. 200 ml.	....

*or Bread—100 gms.
Brown Sugar—30 gms.
Butter—30 gms. (or ghee 15 gms.)

DISTRIBUTION OF ADULT ORDINARY DIET—NON-VEGETARIAN.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*		*1 p.m.*	*5 p.m.*		*7 p.m.*
Sunday	*Iddlies and Sambar—2 Nos. Coffee—200 ml.	.. .. ..	Rice Dhall and Vegetables Curry Greens Butter Milk Plantain	150 gms. 100 gms. 50 gms. 250 ml. 1 No.	Orange No. 1	Rice Mutton fry Pepper water	150 gms. 80 gms. 200 ml.	....
Monday	Do.	..	Do.		Do.	Rice Vegetable fry Pepper water	150 gms. 100 gms. 200 ml.	....
Tuesday	Do.	..	Do.		Do.	Rice Fish fry Pepper water	150 gms. 80 gms. 200 ml.	....
Wednesday	Do.	..	Do.		Do.	Rice Potato fry Pepper water	150 gms. 100 gms. 200 ml.	....
Thursady	Do.	..	Do.		Do.	Rice Egg fry Pepper water	150 gms. 2 Nos. 200 ml.	....
Friday	Do.	..	Do.		Do.	Rice Vegetable fry Pepper water	150 gms. 100 gms. 200 ml.	....
Saturday	Do.	..	Do.		Do.	Rice Potato fry Pepper water	150 gms. 100 gms. 200 ml.	..

* **or Bread** .. 100 gms.

Brown Sugar .. 30 gms.

Butter .. 30 gms. or Ghee 15 gms.

ADULT CONVALESCENT ORDINARY DIET (I.C.O. DIET)

(VEGETARIAN AND NON-VEGETARIAN).

Name of item. (1)	*Scale.* (2)
Milk	500 ml.
Iddlies and sambar	2 Nos.*
Coffee	200 ml.
Boiled rice	300 gms.
Dhall	50 gms.
Vegetables	100 gms.
Greens	50 gms.
Butter milk	250 ml.
Pepper water	200 ml.
Curry podwer	15 gms.
Tamarind	15 gms.
Gingilly oil	15 gms.
Salt-common	20 gms.
Onions	10 gms.
C & K leaves	1 gm.
Blackgram broken..	1 gm.
Mustard seeds	1 gm.
Asafoetida	0.1 gm. (1/10 gm.)
Orange	1 No.
Plantain ordinary	1 No.
Firewood	800 gms.
or	
Coke and Charcoal (in the ratio of 7:3) ..	400 gms.

Additional Diet—Daily changes (Vegetarian)

Sunday	Vegetable	100 gms.
Monday	Do.	100 gms.
Tuesday	Do.	100 gms.
Wednesday	Potatoes	100 gms.
Thursday	Vegetables	100 gms.
Friday	Do.	100 gms.
Saturday	Potatoes	100 gms.

Additional Diet—Daily changes (Non-Vegetarian)

Sunday	Mutton without bone	80 gms
Monday	Vegetables	100 gms.
Tuesday	Fish	80 gms.
Wednesday	Potatoes	2 Nos.
Thursday	Eggs	100 gms.
Friday	Vegetables	100 gms.
Saturday	Potatoes	100 gms.

*Or	Bread	100 gms.
	Butter	30 gms.
		or ghee 15 gms.
	Brown Sugar	30 gms.

DISTRIBUTION OF ADULT CONVALESCENT ORDINARY DIET—VEGETARIAN.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*		*1 p.m.*	*5 p.m.*		*7 p.m.*
Sunday	*Iddlies and sambar—2 Nos. Coffee 200 ml.	Milk 250 ml.	Rice Dhall and Vegetable curry Greens Butter Milk Plantain	150 gms. 100 gms. 50 gms. 250 ml. 1 No.	Orange 1 No.	Rice Vegetables fry Pepper water Milk	150 gms. 100 gms 200 ml. 250 ml.	Milk 250 ml.
Monday	Do.	Do.	Do.		Do.	Do.		Do.
Tuesday	Do.	Do.	Do.		Do.	Do.		Do.
Wednesday	Do.	Do.	Do.		Do.	Rice Potato fry Pepper water	150 gms. 100 hgms. 200 ml.	Do.
Thursday	Do.	Do.	Do.		Do.	Same as on Sunday		Do.
Friday	Do.	Do.	Do.		Do.	Do.		Do.
Saturday	Do.	Do.	Do.		Do.	Same as on Wednesday.		Do.

*or Bread .. 100 gms.
Brown Sugar .. 30 gms.
Butter .. 30 gms. (or Ghee 15 gms.)

DISTRIBUTION OF ADULT CONVALESCENT ORDINARY DIET—NON-VEGETARIAN.

Dyas.	7 a.m.	9 a.m.	11 a.m.		1 p.m.	5 p.m.		7 p.m.
Sunday	*Iddlies and Sambar 2 Nos. Coffee 200 ml.	Milk 251 ml.	Rice Dhall and Vegetable curry Greens Butter milk Plantair	150 gms. 100 gms. 50 gms. 250 ml. 1 No.	Orange—1 No.	Rice Mutton fry Pepper water	150 gms. 80 gms. 200 ml.	Milk 250 ml.
Monday	Do.	Do.	Do.		Do.	Rice Vegetables fry Pepper water	150 gms. 100 gms. 200 ml.	Do.
Tuesday	Do.	Do.	Do.		Do.	Rice Fish fry Pepper water	150 gms. 80 gms. 200 ml.	Do.
Wednesday	Do.	Do.	Do.		Do.	Rice Potato fry Papper water	150 gms. 100 gms. 200 ml.	Do.
Thursday	Do.	Do.	Do.		Do	Rice Egg fry Pepper water	150 gms. 2 Nos. 200 ml.	Do.
Friday	Do.	Do.	Do.		Do.	Rice Vegetables fry Pepper water	150 gms. 100 gms. 200 ml.	Do.
Saturday	Do.	Do.	Do.		Do.	Rice Potato fry Pepper water	150 gms. 100 gms. 200 ml.	Do.

*or Bread .. 100 gms.
Brown Sugar .. 30 gms.
Butter .. 30 gms. (or Ghee 15 gms.).

CHILDREN ORDINARY DIET (VEGETARIAN)

Name of item. (1)	*Scale.* (2)	
Milk	750 ml.	Or Iddly 1 No. with sambar at 7 a.m. and 1 p.m.
Bread	100 gms.	
Butter	15 gms.	
Brown sugar	50 gms.	
Orange	1 No.	
Plantain ordinary	1 No.	
Egg	1 No.	
Tomatoes	50 gms.	
Boiled rice	100 gms.	
Carry powder	10 gms.	
Tamarind	10 gms.	
Salt, Common	10 gms.	
Gingilly oil	10 gms.	
Pepper water	100 ml.	
Butter milk	125 ml.	
Coconut	20 gms.	
Onions	10 gms.	
Pepper	1 gm.	
Mustard seeds	0.5 gm. (1/2 gm.)	
Blackgram broken	0.5 gm. (1/2 gm.)	
C & K leaves	0.5 gm. (1/2 gm.)	
Asafoetida	0.1 gm. (1/10 gm.)	
Firewood	800 gms.	
or		
Coke and charcoal (in the ratio of 7:3)	400 gms.	

ADDITIONAL DIET—CHILDREN ORDINARY VEGETARIAN DIET DAILY CHANGES.

Sunday	Dhall	30 gms.	For Curry
	Vegetables	50 gms.	
	*Vegetables	50 gms.	for fry.
Monday	@Vegetables	50 gms.	For curry.
	Dhall	30 gms.	
	Vegetables	50 gms.	
	Bread	25 gms.	For cutlet
Tuesday	Dhall	30 gms.	For curry
	Vegetables	50 gms.	
	Vegetables	50 gms.	For fry.
Wednesday	Dhall	30 gms.	for cury.
	Vegetables	50 gms.	
	Potatoes	50 gms.	For fry.
Thursday	Dhall	30 gms.	For curry.
	Vegetables	50 gms.	
	Vegetables	50 gms.	For cutlet
	Bread	25 gms.	
Friday	Dhall	30 gms.	For curry.
	Vegetables	50 gms.	
	Vegetables	50 gms.	For fry.
Saturday	Dhall	30 gms.	For curry
	Vegetables	50 gms.	
	Potatoes	50 gms.	For fry.

DISTRIBUTION OF CHILDREN ORDINARY DIET—VEGETARIAN.

Days.	7 a.m.	9 a.m.	11 a.m.	1 p.m.	5 p.m.	7 p.m.
Sunday	Bread 50 gms. Butter 7.5 gms. Sugar 25 gms. Milk 250 ml.	Egg 1 No. Tomato 50 gms.	Rice 50 gms. Dhall and Vegetables curry 50 gms. Butter milk 125 ml. Plantain ordinary 1 No.	*Bread 50 gms. Butter 7.5 gms. Sugar 25 gms. Milk 250 ml. Orange 1 No.	Rice 50 gms. Vegetables fry 50 gms. Pepper water 100 ml.	Milk 250 ml.
Monday	Do.	Do.	Do.	Do.	Rice 50 gms. Vegetables cutlet 50 gms. Pepper water 100 ml.	Do.
Tuesday	Do.	Do.	Do.	Do.	Same as on Sunday	Do.
Wednesday	Do.	Do.	Do.	Do.	Rice 50 gms. Potato fry 50 gms. Pepper water 100 gms.	Do.
Thursday	Do.	Do.	Do.	Do.	Same as on Monday	Do.
Friday	Do.	Do.	Do.	Do.	Same as on Sunday	Do.
Saturday	Do.	Do.	Do.	Do.	Same as on Wednesday	Do.

*or one Iddly with 100 ml. Sambar.

CHILDREN ORDINARY DIET—NON-VEGETARIAN.

Name of item. (1)	*Scale.* (2)	
Milk	750 ml.	
Bread	100 gms.	or Iddly with 7 a.m. and at 1 .p.m.
Butter	15 gms.	
Brown sugar	50 gms.	
Orange	1 No.	
Plantation ordinary	1 No.	
Egg	1 No.	
Tomatoes	50 gms.	
Boiled rice	100 gms.	
Curry powder	10 gms.	
Tamarind	10 gms.	
Salt common	10 gms.	
Gingelly Oil	10 gms.	
Pepper water	100 ml.	
Butter milk	125 ml.	
Coconut	20 gms.	
Onions	10 gms.	
Pepper	1 gm.	
Wheat flour	15 gms.	
Mustard seeds	0.5 gm. (1/2 gm.)	
Blackgram broken	0.5 gm. (1/2 gm.)	
C & K leaves	0.5 gm . (1/2 gm.).	
Asafoetida	0.1 gm. (1/10).	
Fire wood	800 gms.	
or		
Coke and Charcoal in the ration of 7:3	400 gms.	

ADDITIONAL DIET— DAILY CHANGES FOR CHILDREN ORDINARY NON-VEGETARIAN.

Sunday	Mutton	50 gms.	for curry.
	Vegetables	50 gms.	for fry.
Monday	Mutton	20 gms.	for curry.
	Potatoes	50 gms.	
	Mutton	30 gms.	for mince
Tuesday	Fish	50 gms.	for cultet.
	Bread	25 gms.	
	Vegetables	50 gms.	
Wednesday	Liver	50 gms.	for fry.
	Vegetables	50 gms.	for stew.
	Spicepowder	3 gms.	
Thursday	Mutton	50 gms.	for cutlet
	Bread	25 gms.	
	Vegetables	50 gms.	for curry.
Friday	Fish	50 gms.	for cutlet
	Bread	25 gms.	
	Vegetables	50 gms.	for stew.
	Spice powder	3 gms.	
Saturday	Liver	50 gms.	for curry
	Potatoes	50 gms.	for fry.

DISTRIBUTION OF CHILDREN ORDINARY DIET—NON-VEGETARIAN.

Days.	7 a.m.	9 a.m.	11 a.m.	1 p.m.	5 p.m.	7 p.m.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday	Bread—50 gms. Butter—7.5 gms. Sugar—25 gms. or One Iddly with 100 ml. sambar Milk—250 ml.	Egg 1 No. Tomato 50 gms.	Rice —50 gms. Mutton curry —50 gms. Buttermilk —125 ml. Plantain —1 No.	Bread—50 gms. Buttet—7.5 gms. Sugar—25 gms. or One Iddly with 100 ml. sambar Milk—250 ml. Orange—1 No.	Rice —50 gms. Vegetables fry —50 gms. Pepper water —100 ml.	Milk 250 ml.
Monday	Do.	Do.	Rice —50 gms. Mutton and potato curry —70 gms. Butter milk —125 gms. Plantain —1 No.	Do.	Rice —50 gms. Mutton mince —30 gms. Pepper water —100 ml.	Do.
Tuesday	Do.	Do	Rice —50 gms. Vegetables curry —50 gms. Butter Milk —125 ml. Plaintain —1 No.	Do.	Rice —50 gms. Fish cutlet —50 gms. Pepper water —100 ml.	Do.
Wednesday	Do.	Do.	Rice —50 gms. Vegetables Stew —50 gms. Butter Milk —125 ml. Plantain —1 No.	Do.	Rice —50 gms. Liver fry —50 gms. Pepper water —100 ml.	Do.
Thursday	Do.	Do.	Same as on Tuesday	Do.	Rice —50 gms. Mutton cutlet —50 gms. Pepper water —100 ml.	Do.
Friday	Do.	Do.	Same as on Wednes day	Do.	Same as On Tuesday	Do.
Saturday	Do.	Do.	Rice —50 gms. Liver curry —50 gms. Buttermilk —125 ml. Plantain. —1 No.	Do.	Rice —50 gms. Potatoes fry —50 gms. Pepper water —100 ml.	Do.

DIABETIC DIET—VEGETARIAN.

Name of item. (1)	*Scale.* (2)
Milk	500 ml.
Bread Brown	100 gms.
Butter	15 gms.
Coffee without sugar	400 ml.
Boiled rice	100 gms.
Dhall	50 gms.
Vegetables	300 gms.
Greens	300 gms.
Oranges	2 Nos.
Pepper water	400 ml.
Buttermilk	500 ml.
Gingilly oil	15 gms.
Curry powder	30 gms.
Tamarind	30 gms.
Salt	50 gms.
Coconut	30 gms.
Onions	10 gms.
Firewood	800 gms.

Coke and chareoal 400 gms. (in the ratio of 7 : 3).

DIABETIC DIET—VEGETARIAN

Name of the item. (1)	*Scale.* (2)
Milk	250 ml.
Wheatflour (for chappathies)	100 gms.
Coffee without sugar	400 ml.
Boiled rice	100 gms.
Mutton without bone (for mutton curry	100 gms.
Vegetables	300 gms.
Greens	300 gms.
Orange	1 No.
Buttermilk	500 ml.
Egg	1 No.
Gingily Oil	30 gms.
Curry powde	30 gms.
Tamarind	30 gms.
Salt	50 gms.
Coconut	30 gms.
Onions	10 gms.
Firewood	800 gms.

or

Coke and charcoal 400 gms. (in the ration of 7 : 3)

DISTRIBUTION OF DIABETIC DIET—VEGETARIAN.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee without Sugar—200 ml.	Bread Brown—50 gms.	Rice—50 gms,	Bread—Brown—50 gms.	Rice 50 gms.	Mil 250 ml.
		Butter—7.5 gms.	Dhall and vegetables curry—150 gms.	Butter—7.5 gms.	Dhall and vegetable curry —150 gms.	
		Milk—125 ml.	Greens—150 gms.	Coffee without sugar—200 ml.	Green—150 gma.	
		Orange—1 No.	Pepper water—200 ml. Butermilk—250 ml.	Milk—125 ml. Orange—1 No.	Pepper weater 200 ml. Butter milk—250 ml.	

DISTRIBUTION OF DIABETIC DIET—NON-VEGETARIAN.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee without Sugar—200ml.	Chappathi—1 No.	Rice—50 gms.	Cheppathi—1 No.	Rice—50 gms.	Milk—125 ml.
		Egg.—1 No. Milk—125 ml.	Mutton curry—50 gms. Vegetables—150 gms. Greens—150 gms Buttermilk—250 ml.	Coffee without sugar—200ml. Orange—1 No.	Mutton curry—50 gm: Vegetables—150 gms. Greens—150 gm:. Buutter milk—250 ml.	

T.B. Diet (for adults)

Name of item. (1)	Scale. (2)
Bread	200 gms.
Butter	30 gms.
Brown sugar	50 gms.
Eggs	2 Nos.
Orange	1 No.
Coffee	400 ml.
Milk	1,000 ml.
Firewood or	400 gms.
Coke and charcoal (in ratio of 7:3)	200 gms.

(a) With rice and mutton curry (for non-vegetarian)

Boiled rice	300 gms.
Mutton curry	100 gms.

OR

(b) With rice and curds (for vegetarian).

Boiled rice	300 gms.
Curds	250 ml.

Half T. B. diet for children under 12 years).

Name of item. (1)	Scale. (2)
Bread	100 gms.
Butter	15 gms.
Brown sugar	30 gms.
Egg	1 No.
Orange	1 No.
Coffee	200 ml.
Milk	500 ml.
Firewood or	200 gms.
Coke and charcoal (in the ratio of 7:3)	100 gms.

(a) With rice and mutton curry (for non-vegetarian).

Boiled rice	100 gms.
Mutton curry	50 gms.

OR

(b) With rice and curds (for vegetarian).

Boiled rice	100 gms.
Curds	125 ml.

DISTRIBUTION OF T.B. DIET (FOR ADULTS) WITH RICE AND MUTTON CURRY.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(5)	(7)
Sunday to Saturday (All days).	Coffee—200 ml	Bread—100 gms. Butter—15 gms. Sugar—25 gms. Eggs—2 Nos. Milk—500 ml.	Rice—150 gms. Mutton Curry—50 gms.	Bread—100 gms. *Butter—15 gms. Sugar—25 gms. Orange—1 No. Coffee—200 ml. *Butter—15 gms.	Rice—150 gms. Mutton Curry—50 gms.	Milk—500 ml.

DISTRIBUTION OF T.B. DIET (FOR ADULTS) WITH RICE AND CURD.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee—200 ml.	Bread—100 gms. Butter—15gms. Sugar—25 gms. Egg—2 Nos. Milk—500 ml.	Rice—150 gms. Curd—125 ml.	Bread—100 gms. Butter—15 gms. Sugar—25 gms. Orange—1 No. Coffee—200 ml.	Rice—150 gms Curd—125—ml.	Milk—500 ml.

DISTRIBUTION OF HALF T.B. DIET (FOR CHILDREN) WITH RICE AND MUTTON CURRY.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee—100 ml.	Bread—50 gms. Butter—7.5 gms. Sugar—15 gms. Egg—1 No. Milk—250 ml.	Rice—50 gms. Mutton Curry—25 gms.	Bread—50 gms. Butter—7.5 gms. Sugar—15 gms. Orange—1 No. Coffee—100 ml.	Rice—50 gms. Mutton curry—25 gms.	Milk—250 ml.

DISTRIBUTION OF HALF T.B. DIET (FOR CHILDREN) WITH RICE AND CURDS.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee—100 ml.	Bread—50 gms. Butter—7.5 gms. Sugar—15 gms. Egg—1 No. Milk—250 ml.	Rice—50 gms. Curds—62.5 ml.	Bread—50 gms. Butter—7.5 gms. Sugar—15 gms. Orange—1 No. Coffee—100 ml.	Rice—50 gms. Curds—62.5 ml.	Milk—250 ml.

ACUTE SPECIAL DIET.

Name of item. (1)	*Scale.* (2)
Milk	1,500 ml.
Limes	6 Nos.
Eggs	6 Nos.
Brown Sugar	50 gms.
Firewood or	200 gms.
Coke and charcoal in the ratio of 7 : 3.	100 gms.

CONVALESCENT MILK AND BREAD DIET AUTE SPECIAL DIET.

Name of item. (1)	*Scale.* (2)
Milk	750 ml.
Bread	400 gms.
Butter	30 gms.
Sugar brown	50 gms.
Coffee	400 ml.
Plantains ordinary	2 Nos.
Firewood or	200 gms.
Coke and charcoal in the ratio of 7 : 3	100 gms.

DISTRIBUTION OF ACUTE SPECIAL DIET.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).		Milk—750 ml. Eggs—3 Nos. Limes—3 Nos. Sugar—25 gms.	....	Eggs—3 Nos. Lime—3 Nos. Sugar—25 gms.	....	Milk—750 ml.

DISTRIBUTION OF CONVALESCENT MILK AND BREAD DIET.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee—200 ml.	Bread—200 gms. Butter—15 gms. Sugar—25 gms. Milk—250 ml.	Plantain—1—No.	Bread—200 gms. Butter—15 gms. Sugar—25 gms. Coffee—200 ml. Milk—250 ml.	Plantain—1 No.	Milk—250 ml.

EARLY CONVALESCENT DIET.

Name of items.	*Scale.*
(1)	(2)
Milk	1,000 ml.
Sugar brown	50 gms.
Coffee	400 ml.
Oranges	2 Nos.
Limes	2 Nos.
Barley water	200 ml.
Arrowroot conjee	200 ml.
Sago conjee..	200 ml.
Firewood or	400 gms.
Coke and charcoal in the ratio of 7:3 ..	200 gms.

POST-MATERNITY DIET.

Name of items.	*Scale.*
(1)	(2)
Bread	400 gms.
Butter	30 gms.
Sugar Brown	30 gms.
Coffee	400 ml.
Milk	1,000 ml.
Firewood	200 gms.
Coke and charcoal in the ratio of 7:3 ..	100 gms.

DISTRIBUTION OF EARLY CONVALESCENT DIET.

Days.	*7 a.m.*	*9 a.m*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 a.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday All days).	Coffee—200 ml.	Milk—500 ml. Sugar—25gms. Barley water—200 ml. Limes—2 Nos.	Sago Conjee—200 ml.	Coffee—200 ml. Orange—2 Nos.	Arowroot conjee—200 ml.	Milk—500 ml. Sugar—25 gms.

DISTRIBUTION OF POST-MATERNITY DIET.

Days.	*7 a.m.*	*9 a.m.*	*11 a.m.*	*1 p.m.*	*5 p.m.*	*7 p.m.*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sunday to Saturday (All days).	Coffee—200 ml.	Bread—200 gms. Butter —15 gms. Sugar—15 gms. Milk—500 ml.	....	Coffee—200 ml.	Bread—200 gms. Butter—15 gms. Sugar—15 gms.	Milk—500 ml.

FUEL FOR PREPARATION OF SUB-DIETS AND EXTRAS.

Fuel may be supplied on the following scale for preparation of sub-diets and extracts to the different classes of patients for whom standard diets are not prescribed but "Extras" are only written up :—

	Firewood	(or) Coke and Charcoal.
'A' Class wards	2,400 gms.	1,200 gms.
'B' Class wards	2,400 gms.	1,000 gms.
'C' Class wards	1,600 gms.	800 gms.
General wards	800 gms.	400 gms.

T.B. VEGETARIAN DIET—FOR ADOPTION IN T.B. SANATORIA AND T.B. HOSPITALS.

Name of items. (1)	*Scale.* (2)
1. Milk (200 ml. for drinking purpose 100 ml. for Ragi conjee, 50 ml. for Coffee and 150 ml. for Butter Milk) ..	500 ml.
2. Two iddlies and sambar ..	One No.
3. Egg	2 Nos.
4. Plantain	2 Nos.
5. Limes	1/2 Nos.
6. Brown sugar (for 500 ml. or Ragi conjee).	30 gms.
7. Rice (hand pounded)	340 gms.
8. Vegetables	170 gms.
9. Curry powder	15 gm.
10. Tamarind	10 gms.
11. Onions	15 gms.
12. Salt	20 gms.
13. Pepper (for 250 ml. of pepper water).	2 gms.
14. Gingily oil	20 gms.
15. Firewood	910 gms.
16. Dhall	110 gms.
17. Corriander and karuveppilai ..	5 gms.
18. Coconut	15 gms.
19. Blackgram	0.875 gms.
20. Asafoetida	0.430 gms.
21. Turmeric	0.875 gms.
22. Cumminseeds	1.165 gms.
23. Mustard	1.315 gms.
24. Ghee	15 gms.
25. Garlic	2 gms.
26. Chillies (dry)	2 gms.
27. Ragi flour (for 500 ml. conjee)	15 gms.
28. Coffee powder (for 200 ml. coffee)	5 gms.

Eggs two Nos. daily.

T.B. NON-VEGETARIAN DIET FOR ADOPTION IN T.B. SANATORIA AND T.B. HOSPITALS.

Name of items. (1)	*Scale.* (2)
1. Milk (200 ml. for drinking purpose 100 ml. for Ragi Conjee. 50 ml. for Coffee and 150 ml. for B. Milk)	500 ml.
2. Iddlies and sambar	1 No.
3. Eggs	1 No.*
4. Plantain	2 Nos.
5. Lime	1/2 No.
6. Brown sugar (for ragi conjee 500 ml.).	30 gms.
7. Rice hand pounded	340 gms.
8. Vegetables	170 gms.
9. Curry powder	15 gms.
10. Tamarind	10 gms.
11. Onions	15 gms.
12. Salt	20 gms.
13. Pepper (for 250 ml. of pepper water).	2 gms.
14. Gingelly oil	20 gms.
15. Firewood	910 gms.
16. Dhall	55 gms.
17. Corriander and karuveppilai ..	5 gms.
18. Coconut	15 gms.
19. Blackgram	0.875 gms.
20. Asafoetida	0.430 gms.
21. Turmeric	0.875 gms.
22. Cummin seeds	1.165 gms.
23. Mustard	1.315 gms.
24. Garlic	2 gms.
25. Chillies dry	2 gms.
26. Ragi flour (for 500 ml. of ragi conjee).	15 gms.
27. Coffee powder (for 250 ml. of Coffee).	5 gms.
28. Mutton without bone (Mutton for four days on Sundays, Tuesdays, Thursdays and Saturdays).	55 gms.

(One egg on mutton days and two eggs on non-mutton days).

T.B. VEGETARIAN DIABETIC DIET FOR ADOPTION IN T.B. SANATORIA AND T.B. HOSPITALS.

Name of items. (1)	*Scale.* (2)
1. Wheat flour for 4 chappathies	120 gms.
2. Bread	100 gms.
3. Butter	30 gms.
4. Rice	150 gms.
5. Ghee	15 gms.
6. Dhall	55 gms.
7. Milk	500 ml.
8. Vegetables	340 gms.
9. Ragi flour	15 gms.
10. Coffee powder	5 gms.
11. Coconut	15 gms.
12. Egg	2 Nos.*
13. Lime	1/2 No.
14. Salt	15 gms.
15. Curry powder	10 gms.
16. Onions	5 gms.
17. Firewood	910 gms.

*(Two eggs daily).

T.B. NON-VEGETARIAN DIABETIC DIET FOR ADOPTION IN T.B. SANATORIA AND T.B. HOSPITALS.

Name of items. (1)	*Scale.* (2)
1. Wheat flour for 4 chappathies.	120 gms.
2. Bread	100 gms.
3. Butter	30 gms.
4. Rice	115 gms.
5. Ghee	15 gms.
6. Egg	1 No.**
7. Milk	500 ml.
8. Mutton*	55 gms.
9. Vegetables	340 gms.
10. Ragi flour	15 gms.
11. Coffee powder	5 gms.
12. Dhall	55 gms.
13. Lime	1/2 No.
14. Coconut	15 gms.
15. Salt	20 gms.
16. Curry powder	10 gms.
17. Onions	5 gms.
18. Firewood	910 gms.

* Mutton for four days and egg for three days.
** One egg on mutton days and two eggs on non-mutton days.

1. T.B. VEGETARIAN DIET FOR CHILDREN UNDER 12 YEARS.

Name of items. (1)	*Scale.* (2)
1. Biscuits sweet	30 gms.
2. Butter Milk	100 ml.
3. Coffee	100 ml.
4. Dhall	30 gms.
5. Dhall curry	30 gms.
6. Egg	1 No.
7. Iddly and 100 ml. of sambar ..	1 No.
8. Milk	200 ml.
9. Plantain	1 No.
10. Pepper water	250 ml.
11. Ragi conjee	200 ml.
12. Rice	200 gms.
13. Vegetables	60 gms

2. CHILDREN T.B. NON-VEGETARIAN DIET—VEGETABLE DAY. (for three days).

Name of items. (1)	*Scale.* (2)
1. Biscuits sweet	25 gms.
2. Butter milk	100 ml.
3. Coffee	100 ml.
4. Egg	1 No.
5. Iddly and 100 ml. of sambar ..	1 No.
6. Milk	200 ml.
7. Pepper water	250 ml.
8. Ragi conjee	200 gms.
9. Rice	200 gms.
10. Vegetables	60 gms.

3. CHILDREN T.B. NON-VEGETARIAN DIET—MUTTON DAYS
(Four days).

Name of items.	*Scale.*
(1)	(2)
1. Biscuits sweet	25 gms.
2. Butter milk	100 ml.
3. Coffee	100 ml.
4. Egg	1 No.
5. Iddly and 100 ml. of sambar.	1 No.
6. Milk	200 ml.
7. Mutton curry	25 gms.
8. Ragi conjee	200 ml.
9. Rice	200 gms.
10. Pepper water	250 ml.

For Children T.B. Non-Vegetarian patients—

Vegetable days : Mondays, Wednesdays and Fridays.

Mutton days : Sundays, Tuesdays, Thursdays and Saturdays.

CHILDREN T.B. VEGETARIAN DIET DISTRIBUTION CHART.
(FOR CHILDREN UNDER 12 YEARS.)

	Name of items.	*Scale.*
	(1)	(2)
7-00 a.m. ..	Egg	One
8-00 a.m. ..	Iddly	One
	Sambar	100 ml.
	Plantain	1 No.
	Ragi conjee	200 ml.
12-00 Noon ..	Rice	100 gms.
	Vegetables	30 gms.
	Dhall	30 gms.
	Dhall curry	30 gms.
	Butter milk	100 ml.
3-00 p.m. ..	Biscuits sweet	30 gms.
	Coffee	100 ml.
4-30 p.m. ..	Rice	100 gms.
	Pepper water	250 ml.
	Vegetables curry	30 gms.
7-00 p.m. ..	Milk	200 ml.

CHILDREN T.B. NON-VEGETARIAN DIET DISTRIBUTION CHART
(FOR CHILDREN UNDER 12 YERAS.)

Vegetables days.			Mutton days.		
7-00 a.m. ..	Egg	1 No.	7-00 a.m.	Egg	1 No.
8-00 a.m. ..	Iddly	1 No.	8-00 a.m.	Iddly	1 No.
	Sambar	100 ml.		Sambar	100 ml.
	Ragi conjee ..	200 ml.		Ragi conjee ..	200 ml.
12-00 Noon.	Rice	100 gms.	12-00 Noon	Rice	100 gms.
	Vegetables	30 gms.		Mutton curry	25 gms.
	Butter milk ..	100 ml.		Buttermilk ..	100 ml.
3 00 p.m.	Biscuits sweet ..	25 gms.	3 00 p.m.	Biscuits sweet	25 gms.
	Coffee ..	100 ml.		Coffee ..	100 ml.
4 30 p.m, .	Rice	100 gms.	4 30 p.m.	Rice	100 gms.
	Pepper water ..	250 ml.		Pepper water ..	250ml.
	Vegetables curry	30 ge .			
7 00 p.m. ..	Milk	200 ml	7 00 p.m.	Milk ..	200ml

For children T,B. non.vegetarian patients only—

Vegetable Days Mondays, Wednesdays and Fridays

Mutton Days: Sundays, Tuesdays, Thursdays and Saturdays,

LIST OF AUTHORISED EXTRA DIETS.

1. Apples.
2. Arrowroot conjee.
3. Barley conjee.
4. Barley water.
5. Biscuits.
6. Baran Biscuits.
7. Brain cutlet.
8. Bread.
9. Bread pudding.
10. Bread Toast.
11. Butter.
12. Butter milk.
13. Chicken boiled.
14. Chocken broth.
15. Chicken curry.
16. Chicken cutlet.
17. Chocken fry.
18. Chicken gril.
19. Chicken kuruma.
20. Chicken pulov.
21. Chicken Stew.
22. Cocoa.
23. Coconut pudding.
24. Coffee powder.
25. Coffee with milk.
26. Corn conjee.
27. Corn pudding.
28. Curds.
29. Curry powder.
30. Custard.
31 Dhall curry.
32. Dhall mash.
33. Dhall pepper water.
34. Eggs.
35. Egg curry.
36. Egg fried.
37. Egg moli.
38. Egg omlette.
39. Egg poached.
40. Egg sauce.
41. Fish baked.
42. Fish boiled.
43. Fish cury.
44. Fish fry.
45. Fish cutlet.
46. Fish moli.
47. Fish pudding.
48. Frech ball curry.
49. Fruit jelly.
50. Fruit Salad.
51. Ghee.
52. Grapes.
53. Greens boiled.
54. Greens curry.
55. Greens fry.
56. Greens salted.
57. Hill plantain.
58. Ice.
59. Irish stew.
60. Jam.
61. Kidney fry.
62. Kidney stew.
63. Limes.
64. Lime juice.
65. Lime pudding.
66. Lemonade
67. Liver curry.
68. Liver fry.
69. Liver stew.
70. Malabar pudding.
71. Mangoes.
72. Milk.
73. Milk jelly.
74. Mutton broth.
75. Mutton chops.
76. Mutton chops boiled.
77. Mutton curry.
78. Mutton cutlet.
79. Mutton fry.
80. Mutton minced.
81. Mutton pulav.
82. Mutton stew.
83. Oatmeal porridge.
84. Onion sauce.
85. Oranges.
86. Orange jelly.
87. Pepper water.
88. Plantains, ordinary.
89. Plantain fritters.
90. Plantains fry.
91. Plantains stew.
92. Pomogrante.
93. Potato chips.
94. Potato curry.
95. Potato cutlet.
96. Potato fry.
97. Prawns curry,
98. Prawns fry.
99. Ragi cake.
100. Ragi conjee.
101. Rice.
102. Rice table.
103. Rice conjee.
104. Rice pudding.
105. Sago conjee.
106. Sago jelly.
107. Sago pudding.
108. Soda water.
109. Soojee conjee.
110. Soojee jelly.
111. Soojee pudding.
112. Spice powder.
113. Sugar brown.
114. Sugar white.
115. Tapioca conjee.
116. Tapioca pudding.
117. Tea leaves.
118. Tea with milk.
119. Tomatoes (Raw).
120. Tomato cutlet.
121. Tomato fry.
122. Tomato sauces.
123. Vegetables boiled.
124. Vegetables curry.
125. Vegetable cutlet.
126. Vegetable fry.
127. Vegetable stew.
128. Vermicelli pudding.
129. Wheat cakes.

FORMULAE FOR PREPARATION OF EXTRA DIETS.

1. *Arrowroot conjee* .. .. 400 ml.
- Arrowroot flour .. .. 20 gms.
- Sugar .. .. 20 gms.
- Milk .. .. 100 ml.

2. *Barley conjee.* .. .. 400 ml.
- Barley flour .. .. 20 gms.
- Sugar .. .. 20 gms.
- Milk .. .. 100 ml.

3. *Barley water* .. .. 400 ml.
- Barley flour .. .. 300 gms.
- Sugar .. .. 30 gms.

4. *Bran Biscuits*—
- Bran .. .. 200 gms.
- Salt .. .. 5 gms.
- Ghee or vanaspathy .. .. .. 30 gms.

5. *Brain cutlets*—
- Brain .. .. 200 gms.
- Salt .. .. 5 gms.
- Pepper .. .. 2 gms.
- Ghee or vanaspathy .. .. .. 30 gms.
- Onions .. .. 15 gms.
- Bread .. .. 150 gms.
- Wheat flour .. .. 30 gms.

6. *Bread pudding*—
- Bread .. .. 100 gms.
- Sugar .. .. 30 gms.
- Eggs .. .. 2 Nos.
- Milk .. .. 400 ml.

7. *Bread toast* —
- Bread .. .. 50 gms.
- Butter .. .. 15 gms.

8. *Butter milk* .. .. 500 ml.
- Milk .. .. 200 ml.

9. *Chicken boiled*—
- Chicken .. .. 1 No. (250 gms.)
- Salt .. .. 5 gms.
- Wheat flour .. .. 30 gms.

10. *Chickens broth*—
- Chicken .. .. 1 No. (250 gms)
- Barley flour .. .. 7 gms.
- Salt .. .. 5 gms.

11. *Chicken curry*—
- Chicken .. .. 1 No. (250 gms.)
- Gingelly oil .. .. 15 gms.
- Curry powder .. .. 15 gms.
- Tamarind .. .. 10 gms.
- Onions .. .. 15 gms.
- Salt .. .. 5 gms.
- Coconut .. .. 100 gms.

12. *Chicken cutlet*—
- Chicken .. .. 1 No. (250 gms.)
- Ghee or vanaspathy .. .. .. 30 gms.
- Salt .. .. 5 gms.
- Onion .. .. 15 gms.
- Bread .. .. 150 gms.
- Wheat flour .. .. 30 gms.

13. *Chicken fry*—
- Chicken .. .. 1 No. (250 gms.)
- Ghee or vanaspathy .. .. .. 60 gms.
- Salt .. .. 5 gms.
- Pepper .. .. 2 gms.

14. *Chicken grill*—
- Chicken .. .. 1 No. (250 gms.)
- Ghee or vanaspathy .. .. .. 30 gms.
- Salt .. .. 4 gms.
- Pepper .. .. 2 gms.

15. *Chicken kuruma*—
- Chicken .. .. 1 No. (250 gms)
- Ghee or vanaspathay .. .. .. 15 gms.
- Curry powder .. .. 15 gms.
- Tamarind .. .. 10 gms.
- Onions .. .. 10 gms.
- Salt .. .. 10 gms.
- Coconut .. .. 30 gms.

16. *Chicken pulav*—
- Chicken .. .. 1 No. (250 gms.)
- Ghee or vanaspathy .. .. .. 100 gms.
- Table rice .. .. 100 gms.
- Spice powder .. .. 10 gms.
- Salt .. .. 10 gms.
- Onions .. .. 10 gms.

17. *Chickens stew*—
- Chicken .. .. 1 No. (250 gms.)
- Ghee or vanaspathy .. .. .. 50 gms).
- Flour .. .. 30 gms.
- Onions .. .. 30 gms.
- Spice powder .. .. 2 gms.
- Salt .. .. 2 gms.

18. *Cocoa* .. .. 400 ml.
- Cocoa .. .. 30 gms.
- Sugar .. .. 20 gms.
- Milk .. .. 400 ml.

19. *Coconut pudding*—
- Coconut .. .. 100 gms.
- Eggs .. .. 2 Nos.
- Sugar .. .. 30 gms.
- Milk .. .. 400 ml.

FORMULAE FOR PREPARATION OF EXTRA DIETS—*cont.*

20. *Coffee with milk* .. .. .. 400 ml

Coffee powder	10 gms.
Jaggery	10 gms.
Milk	100ml.

21. *Cornflour conjee* .. .. 400 ml.

Cornflour	15 gms.
Sugar	10 gms.
Milk	100 ml.

22. *Cornflour pudding*—

Cornflour	60 gms.
Sugar	30 gms.
Eggs	2 Nos.
Milk	400 ml.
Spice powder	2 gms.

23. *Curd* .. .. 400 ml.

Milk	400 ml.

24. *Curry powder*— .. .. One kg.

Chillies	0.460 gms..
Black pepper	0.040 gms.
Corriander	0.460 gms.
Cumminseed	0.060 gms.
Turmeric	0.020 gms.
Vendiam	0.020 gms.

(Wastage in grinding approximately 5per cent).

25. *Custard*—

Milk	400 ml.
Sugar	20 gms.
Eggs	2 Nos.

26. *Dhall curry*—

Dhall	100 gms.
Curry powder	5 gms.
Tamarind	5 gms.
Onions	10 gms.
Salt	10 gms.

27. *Dhall mash*—

Dhall	100 gms.
Salt	10 gms.

28. *Dhall pepper water* .. .. .. 400 ml.

Same as pepper water add 50 gms. dhall.

29. *Egg curry*—

Egg	2 Nos.
Curry powder	7 gms.
Onions	7 gms.
Gingelly oil	7 gms.
Salt	7 gms.
Tamarind	7 gms.
Coconut	15 gms.

30. *Egg fried*—

Eggs	2 Nos.
Gingelly oil	15 gms.
Salt	2 gms.
Pepper	1 gm

31. *Egg moli*—

Eggs	2 Nos.
Gingelly oil	15 gms.
Wheat flour	15 gms.
Coconut	30 gms.
Lime	½ No.
Green chillies	7 gms.
Green ginger	4 gms.
Onions	4 gms.
Salt	4 gms.

32. *Egg omelette*—

Eggs	2 Nos.
Onions	15 gms,
Gingelly oil	30 gms.
Wheat flour	30 gms.
Green chillies	4 gms.
Salt	1 gms.

33. *Egg poached*—

Egg	1 No.
Butter	4 gms.
Bread for toast	25 gms.
Salt	2 gms.

34. *Egg Sauce*—

Egg	1 No.
Wheat flour	30 gms.
Butter	15 gms.
Milk	150 ml.

35. *Fish baked*—

Fish	200 gms.
Butter	15 gms.
Onions	15 gms.
Salt	4 gms.
Pepper	4 gms.

36. *Fish boiled*—

Fish	200 gms.
Pepper	1 ,,
Salt	2 ,,
Cornflour	15 ,,
Milk	300 ,,

37. *Fish curry*—

Fish	200 gms.
Gingelly oil	15 ,,
Curry powder	15 ,,
Tamarind	15 ,,
Onions	15 ,,
Salt	15 ,,
Coconut	100 ,,

38. *Fish fry or cutlet*—

Fish	200 gms
Gingelly oil	30 gms
Wheat flour	30 gms
Salt	2 gms
Turmeric	15 gms
Bread	200 gms

FORMULAE FOR PREPARATION OF EXTRA DIETS—*cont.*

39. *Fish moli*—

Fish	200 gms.
Gingelly oil	30 „
Wheat flour	30 „
Coconut	50 „
Lime	1 No.
Green chillies	15 gms.
Green ginger	7 „
Onions	7 „
Salt	7 „

40. *Fish pudding*—

Fish	200 gms.
Butter	60 „
Salt	4 „
Pepper	4 „
Eggs	2 Nos.
Milk	250 ml.

41. *French Ball curry*—

Same as mutton curry plus

Poppy seeds	15 gms.
Spice powder	2 „

42. *Fruit Salad*—

Plantain	1 No.
Orange	1 „
Apple	1 „
Sugar	30 gms.
Ice	500 gms.

43. *Greens boiled*—

Greens	200 gms.
Salt	30 „
Coconut	50 „
Dhall	30 „

44. *Greens curry*—

Greens	200 gms.
Curry powder	15 „
Tamarind	30 „
Onions	30 „
Salt	30 „

45. *Greens fry*—

Greens	200 gms.
Salt	10 „
Gingelly oil	15 „

46. *Green salted*—

Greens	200 gms.
Salt	10 „

47. *Irish stew*—

Mutton without bone	100 gms(1)
Ghee or Vanaspathy	15 „
Salt	7 „
Potatoes	100 „
Mint and Parsley	½ gm.(0.5)
Weat flour	½ gm (0.5)

48. *Kidney fry*—

Same as mutton fry.

49. *Kidney stew*—

Same as mutton stew.

50. *Lime juice* .. 500 ml.

Lime	2 Nos.
Sugar	30 gms.

51. *Lime pudding*—

Eggs	4 Nos.
Sugar	30 gms.
Butter	15 „
Lime	1 No.

52. *Liver curry*—

Same as Mutton Curry.

53. *Liver fry*—

Same as mutton fry.

54. *Liver stew*—

Sames as mutton stew.

55. *Malabar pudding*—

Coconut	100 gms.
Sugar	50 „
Sago	50 „

56. *Milk jelly*—

Milk	50ml.
Sugar	30 gms
Gelatine	30 „
Ice	1 Kg.

57. *Mutton Broth*— .. 400 ml.

Mutton with bone Barley (With sufficient water to produce 400 ml).	7 gms.
Pepper	1 gm.
Salt	4 gms.

58. *Mutton chops*—

Mutton	200 gms.
Gingelly oil	15 „
Pepper	1 gm.
Salt	2 gms.

59. *Mutton chops boiled*—

Mutton	200 gms.
Gingelly oil	30 „
Pepper	1 gm.
Salt	2 gms.
Onions	30 gms.
Barley	15 gms.

60. *Mutton curry*—

Mutton	200 gms.
Gingelly oil	15 „
Curry powder	15 „
Tamarind	7 „
Onions	15 „
Salt	2 „
Coconut	100 „

FORMULAE FOR PREPARATION OF EXTRA DIETS—*cont.*

61. *Mutton cutlet*—

Mutton	200 gms.
Salt	4 ,,
Gingelly oil	30 ,,
Onions	15 ,,
Pepper	2 ,,
Bread	200 ,,
Wheat flour	30 ,,

62. *Mutton fry*—

Mutton	200 gms.
Salt	2 ,,
Gingelly oil	30 ,,

63. *Mutton mince*—

Mutton	200 gms.
Gingelly oil	15 ,,
Salt	2 ,,
Pepper	1 gm
Mint and Parsley	2 gms.

64. *Mutton pulov*—

Mutton	200 gms.
Ghee or Vanaspathy	50 ,,
Table rice	100 ,,
Spiece	5 ,,
Onions	5 ,,
Salt	5 ,,

65. *Mutton stew*—

Mutton	200 gms.
Ghee or vanaspathy	15 ,,
Flour	7 ,,
Onion	7 ,,
Salt	2 ,,
Pepper	2 ,,

66. *Oatmeal porridge*—

Oatmeal	50gms.
Sugar	50 ,,
Milk	500 ml.

67. *Onion sauce*—

Onions	100 gms.
Wheat flour	30 ,,
Butter	15 ,,
Milk	100 ml.

68. *Orange jelly*—

Orange	3 Nos.
Lime	2 gms.
Sugar	100 gms.
Gelatine	30 ,,

69. *Pepper water*—

(400 ml.)

Chillies	5 gms.
Pepper	3 ,,
Garlic	3 ,,
Tamarind	10 ,,
Salt	5
Cummin Seeds	2 ,,

70. *Plantain fritters*—

Wheat flour	50 gms.
Gingelly oil	30 ,,
Eggs	1 No.
Plantain	2 Nos.
Sugar white	30 gms.

71. *Plaintain fry*—

Plantain	1 No.
Gingelly oil	30 gms.

72. *Plantain stew*—

Plantain	1 No.
Sugar	30 gms.

73. *Potato chips*—

Potato	200 gms.
Gingelly oil	50 ,,
Salt	5 ,,
Chillies powder	5 ,,

74. *Potato curry*—

Same as vegetable curry.

75. *Potato cutlet*—

Potatoes	200 gms.
Gingelly oil	30 ,,
Onions	10 ,,
Pepper	1 ,,
Wheat flour	30 ,,
Mutton	200 ,,
Salt	10 ,,

76. *Potato fry*—

Same as Vegetable fry.

77. *Prawns curry*—

Prawns	200 gms.
Gingelly oil	15 ,,
Curry powder	10 ,,
Tamarind	15 ,,
Onions	15 ,,
Salt	15 ,,
Coconut	100 ,,

78. *Prawns fry*-

Prawns	200 gms
Salt	2 ,,
Gingelly oil	30 ,,

79. *Ragi cake*—

Ragi flour	50 gms.
Gingelly oil	15 ,,
Salt	5 ,,

80 *Ragi conjee*—

400 Ml.

Ragi flour	30 gms.
Sugar brown	30 ,,
Milk.	100 ml

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FORMULAE FOR PREPARATION OF EXTRA DIETS—*cont.*

81. *Rice conjee* (400 ml)—

Rice	50 gms.
Salt	5 „

82. *Rice pudding*—

Table rice	50 gms.
Sugar	30 „
Milk	400 ml.
Eggs	2 Nos.

83. *Sago conjee* (400 ml)—

Sago	20 gms.
Sugar	40 „

84. *Sago jelly*—

Sago	100 gms.
Sugar	30 „
Milk	100 ml.

85. *Sago pudding*—

Sago	50 gms.
Sugar	30 „
Egg	2 Nos.
Milk	400 ml.

86. *Soojee conjee*—

Soojee	50 gms.
Sugar	30 „

87. *Soojee jelly*—

Soojee	50 gms.
Sugar	15 „
Egg	2 Nos.
Milk	400 ml.

88. *Soojee pudding*—

Soojee	50 gms.
Sugar	30 „
Eggs	2 Nos.
Milk	400 ml.

89. *Spice powder*—

Ginger in Powder	80 gms.
Chinnamon powder	15 „
Nutmeg	15 „
Cloves	10 „

90. *Tapioca conjee* (400 *ml*).

Tapioca	10 gms.
Sugar	20 „

91. *Tapioca pudding*—

Tapioca	50 gms.
Sugar	30 „
Eggs	2 Nos.
Milk	400 ml.

92. *Tea with milk* (400 *ml*).

Tea	15 gms.
Sugar	15 „
Milk	50 ml.

93. *Tomato cutlet*—

Tomotoes	200 gms.
Ghee or Vanaspathy	30 „
Salt	4 „
Onions	10 „
Pepper	1 gms
Wheat flour	30 gms.
Mutton	200 „
Bread	100 „

94. *Tomato fry*—

Tomato	200 gms.
Gingelly oil	30 „
Salt	4 „

95. *Tomato Sauce*—

Tomato	200 gms.
Butter	10 „
Salt	4 „

96. *Vegetables Boiled*—

Vegetables	200 gms.
Dhall	30 „
Salt	30 „
Coconut	50 „

97. *Vegetables curry*—

Vegetables	200 gms.
Curry powder	15 „
Tamarind	30 „
Onions	30 „
Salt	30 „
Coconut	30 „
Gingelly oil	5 „

98. *Vegetable cutlet*—

Vegetables	200 gms.
Gingelly oil	30 „
Onions	15 „
Salt	10 „
Pepper	2 „
Bread	100 „
Wheat flour	30 „

99, *Vegetable Fry*—

Vegetables	200 gms.
Gingelly oil	30 „
Salt	10 „

100. *Vegetable stew*—

Vegetables	200 gms.
Salt	10 „
Pepper	10 „
Wheat flour	15 „
Gingelly oil	15 „
Speice powder	4 „
Onions	30 „

101. *Vermicelli pudding*—

Vermicelli	50 gms.
Milk	500 ml.
Sugar	30 gms.
Eggs	2 Nos.
Nutmeg	7 gms.

102. *Wheat cakes* 1 *No.*—

Wheat our	50 gms.
Gingelly oil	15 „
Salt	4 „

APPENDIX XVIII.

ADVISORY COMMITTEE FOR GOVERNMENT MEDICAL INSTITUTIONS—RULES.

PART 1.

RULES DEFINING THE CONSTITUTION AND FUNCTIONS OF ADVISORY COMMITTEE FOR GOVERNMENT HOSPITALS IN THE MADRAS CITY.

Advisory Committee is constituted in order to keep the Director of Medical Education and the Government informed as to the needs of the hospital as viewed by the public. The entire supervision and management of the institution and the establishments will be in the hands of the Dean or the Superintendent subject to the control of the Director of Medical Education and the Government. The Committee shall be an advisory body with no executive authority.

2. The Commiittee shall ordinarily consist of four ex-officio members including the Dean or the Superintendent and the Nursing Superintendent of the hospital and twelve nominated non-official members of whom five may preferably be ladies, two of these ladies being public spirited persons representing the Medical Association or members of the independent medical profession nominated by the Government. These members may be varied by the Government at their descretion in individual cases. In the case of Women and Children's Hospitals, lady members may be appointed as far as possible.

NOTE.—The Deputy Superintendent, Government Hospital for Women and Children, Madras, shall be an ex-officio member of the Advisory Committee of the hospital.

3. A nominated member shall hold appointment for three days, but shall be eligible for re-nomination as provided for in the note below. If a nominated member is absent from the station for a period of more than three months reckoned from the date of the commencement of his or her term of office or of the last meeting which he or she attended, or if within the said period of three months, less than three meetings have been held, absents himself or herself from three consecutive meetings held after the said date, the members shall be considered to have vacated his or her seat on the committee, unless his or her absence from the station or from the meetings, as the case may be, is condoned by the Government. If a member of the Union Parliament is nominated as a non-official member of a Hospital Committee and his absence at the committee meetings for more than three months is inevitable, it would not be a sufficient reason for removing him from the committee on account of such absence.

NOTE.—One-third to one-half of the number of non-official members may be newly nominated once in three years and in the matter of re-nomination of non-official members at the end of this period for the remaining vacancies on the committee, preference shall be given to those attended the meetings regularly and evinced interest in their work. The persons nominated or re-nominated should be good and capable persons. To facilitate work, vacancies occuring in the middle of the term should be limited to the period upto which the members nominated in the batch continue to serve on the committee.

3-A. The Government shall have the power either to disolve the committee at any time or to remove any members of the committee before the expiry of his term of office after giving the committee or the members as the case may be, an opportunity for making representation to the Government in that regard within a reasonable time.

4. The committee shall choose one of his members as the President, who shall hold office for the period of his or her membership. The Resident Medical Officer of the Hospital shall be the Secretary of the Committee and shall attend all members of the Committee. In the absence of the President the members present shall elect one of the members to preside at the meeting. Seven members shall form a quorum.

5. (1) The Committee shall meet as often as may be necessary but atleast once in three months for the discussion of topics of interest and importance connected with the hospital. The meeting shall be convened by the Secretary under the orders of the President. It will be open to any member of the committee to forward to the President any remarks or suggestions which he or she may have to make or which he or she may desire to have discussed at the meeting of the Committee.

(2) The lady members of the Advisory Committee shall, with the approval of the committee form themselves into a sub-committee for doing social work among nurse. The Sub-Committee should confine its activities purely to social work among the nurses and should not deal with questions relating to their service.

6. All suggestions and recommendations for the improvement of the hospital and for the welfere of the patients shall be brought before the committee for consideration and decision by a majority. In any case of equality of votes, the President shall have a seeond or casting vote.

7. The minutes of the proceedings of the committee shall be records in a book and shall be signed by the President or the member who presides at the meeting.

8. All recommendations of the Committee shall be forwarded to the Dean or the Superintendent of the hospital for necessary action. A copy of the minutes of each meeting shall also be communicated to the Director of Medical Education for information through the Superintendent of the hospital.

9. The Dean or the Superintendent of the Hospital shall carry out the recommendations of the committee as far as practicable. If he or she cannot accept their recommendations the matter shall be referred to the Director of Medical Education for orders.

10. Individial members of the committes may arrange with the Medical Officer in charge to visit the hospital at any during working hours and may record in the visitor's book any remarks and suggestions may wish to make.

11. The non-official members shall pay surprise visits once a week by turn by maintaining a rotation roster as in the case of inspection of jails by non-official visitors. An inspection book with the points to be observed on the lines indicated below shall be opened at each hospital for the members to write their remarks.

(1) Are patients treated strictly in the order of their arrival? If there are large crowds at particular hours, is the system of forming queues adopted for out-patients?

(2) Are medicines dispensed promptly and according to turn?

(3) How many, if any, of the patients were privately consulted or were treated by the Medical Offlcer before admission?

(4) Is the hospital clean and sanitary?

(5) Where diet is supplied, is it satisfactory?

(6) Have the patient's any complaints in respect of their treatment by the hospital staff?

(7) Do the statistics of patients indicate that the hospital is popular?

(8) How much time does the Medical Officer spend in the hospital? Is he easily accessible for emergent cases?

(9) Other suggestions for improving the conditions and procedure of the hospital.

12. A suggestion book for recording complaints by patients shall also be kept at each hospital. These two books shall be placed before the advisory committee for consideration at its meetings.

13. Indentification cards shall be supplied to all non-official members.

14. The Dean or Superintendent of the hospital shall submit period reports on the attendance of non-official members at the meetings of the Committee and on the work done by the Advisory Committee to the Director of Medical Education once in six months, the report for the first six months, being submitted in July of every year and the report for the next six months being submitted in January of the succedding year. The Director of Medical Education shall review the reports and submit a copy of his review to Government for information.

(G.O. No. 1718, Public, Health, dated 16th July 1940.
G.O. No. 859, Public Health, dated 18th March 1986.
G. O. Ms. No. 1577, Public Health, dated 6th July 1937.
G. O. No. 2337, Public Health, dated 3rd June 1941.
G. O. No. 1382, Public Health, dated 19th April 1950.
G. O. No. 1510, Public Health, dated 8th May 1952.
Memorandum No. 25703/52-1H-3, Health, dated 12th June 1952 and
G. O. Ms. No. 3535, Health, dated 26th September 1953.
G. O. No. 1654, Health, dated 18th June 1954,
and G. O. No. 411, Health, dated 4th March 1968,
and G. O. Ms. No. 2171, Health, dated 17th September 1970.)

PART II

RULES DEFINING THE CONSTITUTIONS AND FUNCTIONS OF ADVISORY COMMITTEES FOR MUFASSAL GOVERNMENT HOSPITALS IN THE STATE OF TAMIL NADU.

The Advisory Committee is constituted in order to keep the Director of Health Services and Family Planning/Director of Medical Education and the Government informed as to the needs of the hospital as viewed by the public. The entire supervision and management of the institution and its establishment will be in the hands of the Medical Officer in charge subject to the control of the Director of Health Services and Family Planning/Director of Medical Education and the Government. The Committee shall be an advisory body with no executive authority.

2. The composition of the Committee shall ordinarily be as follows :—

(a) *District headquarters hospitals and hospitals attached to Government Medieal Colleges.*

(1) The Collector.

(2) The District Medical Officer or Dean or Superintendent of the Hospital concerned.

(3) The Executive Engineer.

(4) The Chairman, Municipal Council, in the case of Municipal towns, when a non-official.

(5) A second representative of the Municipal Council.

(6) and (7) Two Chairman of the near or adjoining Panchayat Union Councils nominated by the Collector.

8. A non-official who is a member of the Tamil Nadu Legislative Assembly or the Tamil Nadu Legislative Council representing the area in question or a public spirited person preferably a lady representing a Public Welfare Committee, Organisation or body nominated by the Government.

9. A non-official, preferably a lady, being a public spirited person representing a Medical Association or a member of the independent medical profession nominated by the Government.

10.
11.
12.
13. } Four other non-Official members nominated by the Government.

NOTE.—(1) Individual members of the Legislature may be appointed as Member of the Advisory Committees on the recommendation of the Collector and the Director of Health Services and Family Planning/Director of Medical Education : any member so appointed will take the place of the second representative of Municipal or the Panchayat Union Councils as may be specified in each case. Members of the Legislature may also be appointed as members of the Commitree when the Chairman of the Municipal Council or the Special Officer in the case of superseded municipalities happen to be an official.

(2) One or at the most, two legislators may be appointed as co-opted members of Hospital Advisory Committees in their respective residential areas, if there are no legislators already serving on the committees.

(3) The Superintendent of the District Headquarters Hospital (where there is such a post) may be nominated as an ex-officio member of the Advisory Committee of the Hospital concerned in addition to the Distribt Medical Officer.

(G.O. Ms. No. 2302, Health, dated 15th November 1965.)

(b) *Hospitals at Divisional Centres.*—(1) The Revenue Divisional Officer or if the station is not the Headquarters of the Revenue Divisional Officer, the Tahsildar, Deputy Tahsildar or an official of the Judicial Department not lower in rank than a District Munsif (if one is available at the station),

(2) In the case of medical institution at divisional centres situated within municipal limits, the Chairman, Municipal Council or a Chairman of the nearby or adjoining Panchayat Union Council nominated by the Collector. In the case of such nstitutions situated outside the Municipal area is a member of the Panchayat Union, in which the institutions is situated, nominated by the Collector.

(3) Local Public Works Department Officer, if one is employed in the Station (*vide* note below).

(4) The Medical Officer-in-charge.

(5) and (6) Two non-officials who are members of the Tamil Nadu Legislative Assembly or the Tamil Nadu Legislative Council or Public spirited persons, representing a Public Welfare Committee, organisation or body nominated by the Government.

(7) A non-official preferably a lady who is a public spirited person representing a medical association or a member of the independent medical profession nominated by the Government.

(8), (9) and (10) Three other non-official members nominated by the Government.

NOTE.—If no Public works, department Officer is employed in the station, his place will be taken by another non-official gentlemen nominated by the government.

3. The representative of the municipal council need not necessarily be a members of the respective minicipal council. He shall hold his appointment for three years and shall be eligible for re-nomination for a period not exceeding a further term of three years. Women shall be eligible as members of the advisory committee. The Assistant District Medical Officer in the case of District Headquarters Hospitals other than hospitals under Civil Surgeons and the Resident Medical Officer in the case of Hospitals under Civil Surgeons (wherever there is a Resident Medical Officer in addition to the Medical Officer -in-charge) and the Medical Officer-in-charge in the case of other hospitals, shall discharge the duties of the Secretary to the Committee and shall attend all meetings of the Committee.

If a nominated members is absent from the station for a period of more than three months reckoned from the date of the commencement of his or her term of office or of the last meeting which he or she attended or if within the said period of three months, less than three meetings have been held absents himself or herself from three consecutive meetings held after the said date, the members shall be considered to have vacated his or her seat on the committee, unless his or her absence from the station or from the meeting, as the case may be, is condoned by the Government. If a member of the Union Parliament is nominated as a non-official members of a Hospital Committee, his absence at the Committee meetings for more than three months is inevitable and it should not be a sufficient reasons for removing his from the Committee on account of such absence.

NOTE.—One-third to one-half of the member of non-official members may be newly nominated once in three years, and in the matter of re-nomination of non-official members at the end of this period for the remaining vacancies on the Committee preference shall be given to those who attended the meetings regularly and evinced interest in their work. The persons nominated or re-nominated should be good and capable person to facilitate vacancies occuring in the middle of the term should be limitted to the period upto which the members nominated in the batch continue to service on the Committee.

3-A. The Government shall the power either to dissolve the Committee at any time or to remove any member of the Committee before the expiry of his term of office after giving the committee or the member, as the case may be an opportunity for making representation to the Government in that regard within a reasonable time.

4. The Committee shall meet as other as may be necessary but at least once in three months for the discussion of topics of interest and importance connected with the hospital. The meetings shall be convened by the Secretary under the orders of the Collector, Divisional Officer, Tahsildar, Deputy Tahsildar or an officer of the Judicial department not lower in rank than a District Munsif. as the case may be. It will be open to any member of the Committee to forward to the Collector Divisional Officer, Tahsildar, Deputy Tahsildar or an officer of the Judicial Department not lower in rank than a District Munsif any remarks or suggestions which he may have to make or which he may desire to have discussed at a meeting of the Committee.

5. The Collector, Divisional Officer, Tahsildar, Deputy Tahsildar, or an officer of the Judicial Department not lower in rank than District Munsif shall preside at the meetings, but in his absence the members present shall elect a Chairman for the meeting Six members shall form a quorum.

6. If at a meeting convened under Rule-4, there is no quorum as fixed in Rule 5 the meeting can be adjourned to a specific date and for such an adjourned meeting, four members shall form a quorum.

7. All suggestions and recommendations for the improvement of the hospital and for the welfare of the patients shall be brought before the Committee for consideration and decision by a majority. In any case of equality of votes the Chairman shall have a second or csting vote.

8. The minutes of the proceedings of the Committees shall be recorded in a book and shall be signed by the Chairman of the meeting.

9. All recommendations of the Committee in the case of non-teaching medical institutions under the control of District Medical Officer shall be forwarded to the District Medical Officer for necessary action. A copy of the minutes of each meeting shall also communicated to the Director of Health Services and Family Planning/Director of Medical Education for information.

10. The District Medical Officer or Dean or the Superintendent of the hospital shall carry out the recommendation of the Committee as far as practicable. If he cannot accept the recommendations he should refer the matter to the Director of Health Services and Family Planning/ Director of Medical Education for orders.

11. Individual members of the Committee may arrange with the Medical Officer in-charge to visit the hospital at any time during working hours and may record in the visitor's book any remarks and suggestions they may wish to make.

12. The non-official members shall pay surprise visits once a week by turns by maintaing a rotation roster as in the case of inspection of jails by non-official visitors. An inspection book with the point to be observed on the lines indicated below shall be opened at each hospital for the members to write their remarks :—

(1) Are patients treated strictly in the order of their arrival? If there are large crowds at particular hours, is the system of forming queues adopted for out-patients?

(2) Are medicines dispensed promptly and according to turn?

(3) How many, if any, of the patients were privately consulted or were treated by the Medical Officer before admission?

(4) Is the hospital clean and sanitary?

(5) Where diet is supplied, is it satisfactory?

(6) Have the patients any complaints in respect of their treatment by the hospital staff;

(7) Do the statistics of patients indicate that the hospital is popular?

(8) How much time does the Medical Officer spend in the hospital? Is he easily accessible for emergent cases?

(9) Other suggestions for improving the conditions and the procedure of the hospital.

13. A suggestion book for recording complaints by patients shall also be kept at each hospital. These two books shall be placed before the Advisory Committee for consideration at its meetings.

14. Identification cards shall be supplied to all non-official members.

15. The District Medical Officer or Dean or the Superintendent of the teaching hospitals shall submit periodical reports on the attendance of non-official members at the meetings of the Committees and on the work done by the Advisory Committees to the *Director of Health Srvices and Family Planning /Director of Medical Education* once in six months; the report for the first six months being submitted in July of every year and the report for the next six months being submitted in January for the succedding year. The *Director of Health Service and Family Planning /Director of Medical Education* shall review the reports and submit a copy of his review to Government for information.

(G. O. No. 1598, Public Health, dated 26th June 1929,
G. O. No. 1186, Public Health, dated 20th May 1935,
G. O. No. 846, Public Health, dated 18th March 1936,
G. O. No. 1577, Public Health, dated 6th July 1937,
G. O. No. 2973, Public Health, dated 6th November 1937,
G. O. No. 2337, Public Health, dated 3rd June 1941.
G. O. No. 1387, Public Health, dated 25th April 1947,
G. O. No. 2700, Public Health, dated 9th August 1948,
G. O. No. 4338, Public Health dated 22nd December 1948,
G. O. No. 1382, Health, dated 19th April 1950.
G. O. No. 2995, Health dated 30th August 1951,
G. O. No. 1510, Health, dated 8th May 1952,
Memorandum No. 25703/52-1/H-3, Health, dated 12th June 1952,
G. O. No. 3535, Health dated 26th September 1953,
G. O. No. 1654, Health, dated 16th June 1954,
G. O. No. 2534, Health, dated 20th December 1965,
G. O. No. 411, Health, dated 4th March 1968 and
G. O. Ms. No. 2171, Health, dated 17th September.)

PART III.

RULES DEFINING THE CONSTITUTION AND FUNCTIONS OF ADVISORY COMMITTEES APPOINTED FOR PRIVATE LEPROSY INSTITUTIONS.

An Advisory Committee is constituted for each of the private leprosy institutions in the State mentioned in the schedule below which receive capitation grants from Government.

The Committee will consist of the following members :—

1. The Collector of the District.
2. The District Medical Officer.
3. The District Health Officer.
4. The Superintendent of the institutions;

The Collector will be the President of the Committee. The Collector may authorise the Revenue Divisional Officer of the division in which the institution is situated to take his place on the Committee. Three members for an ordinary meeting and two members for an adjourned meeting shall form a quorum. In any case of equality of votes, the President shall have a second or casting vote. If the President happens to be absent at a particular meeting, the members president shall elect a President and conduct business provided there is quorum.

2. (1) The Committee shall ordinarily meet quarterly at the Superintendent's Office.

(2) The President shall give notice of the date of the meetings to other members and record the proceedings. Such records may be kept in the office of the Superintendent of the private leprosy institution concerned and shall be available for referred by any members of the committee at any reasonable time.

(3) The Medical Officer of the institution shall be present at the meeting whenever the President considers it necessary for the transaction of any business before the Committee.

(4) Members of the Committee shall be authorized to visit the institution at any reasonable time during office hours. Previous intimation of such proposed visits shall be made to the Superintendent who will make necessary arrangements to suit the convenience of all concerned.

(5) The Committee shall assist the authorities of the institution by looking into appeals from patients against any rulings of authorities with regard to admission or discharge. Such appeals shall be signed and sent to the President of the Committee who shall forward them to the Superintendent with a request that may be considered at the next meeting of the Committee, Members of the Committee shall forward to the President any appeals which they may have received from patients.

(6) Anonymous and pseudonymous appeals shall be ignored.

The Committee shall take an interest in the general welfare of the inmates and inmatters concerning the general efficiency of the institution but shall not be concerned with details of medical treatment, finance and administration.

(G. O. No. 709, Public Health, dated 17th February 1941, No. 1804, Public Health, and dated 18th June 1946, No. 2102, Public Health, dated 17th June 1947, and No. 3027, Health, dated 29t August 1950.)

The officers should arrange to visit the institution during the course of their tours and separate travelling allowance will be paid to them for the purpose.

NOTE —The Collector of the District, the District Medical Officer and the District Health Officer have jurisdiction over the areas in which the private leprosy institutions are situated and it should therefore be ordinarily possible for them to attend the meetings of the advisory committee. In exceptional cases however where the tours can not be so arranged their travelling allowance for attending the meetings should be met from State funds and the expenditure on this account debited to the head of account to which their pay is debited.

(G. O.No. 201, Public Health, dated 19th January 1942.)

SCHEDULE.

1. Debendranath Mullick Leprosy Hospital, Vadathorasalur, South Arcot District.

2. Dayapuram Hospital and Home for Lepers, Manamadurai, Ramanathapuram District.

3. Sacred Heart Leprosy Hospital, Kumbakonam, Thanjavur District.

4. Kasturba Gandhi Kushta Nivaran Nilayam, Malavanthangal, South Arcot District.

5. St. Joseph's Leprosy Hospital, Tuticorin, Tirunelveli District.

6. Schiefflin Leprosy Research Sanatorium, Karigiri, North Arcot District.

7. Charles Peace Memorial Leprosy Hospital, Colachel, Kanyakumari District.

8. Holy Family Hansenorium, Fathimanagar, Tiruchirappalli District.

9. St. Lukes Leprosorium, Periakulam, Tirunelveli District.

10. Cheshire Home, Vishranthi Illam, Katpadi, North Arcot District.

11. Christian Fellowship Leprosy Hospital, Oddanchatram, Madurai District.

12. Swedish Mission Hospital, Tirupathur, Ramanathapuram District.

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APPENDIX XIX.

ORDINARY FIRE RULES FOR GOVERNMENT BUILDINGS (NON-RESIDENTIAL).

CHAPTER I.

Classification of permanent buildings and scale of fire appliances.

1. Chemical fire extinguishers and water or sand in buckets are first-aid appliances, to be used for tackling a Fire at the outset to enable it to be put out immediately or at least to keep it under control until the arrival of the fire Brigade. The type and scale of fire fighting appliances to be provided in a building will depend on the types of fires that are likely to be encountered in the building and this in turn depends to a large extent on the contents of the building. Government buildings can be broadly classified into two categories.

A. Ordinary buildings.—Where the hazard is caused by furniture, records, stores, etc., stored in the building, fires encountered in such buildings usually involve paper, wood, cloth, etc., all of which can be extinguished by application of water. The scale of fire fighting appliances for such buildings will, however, depend upon the quantity of combustible materials in the buildings. On this basis ordinary buildings, can be further sub-divided into two types—

(i) Ordinary buildings with low fire hazard, e.g., offices.

(ii) Ordinary buildings with high fire hazard, e.g., record rooms, store rooms and godowns.

B. Buildings involving special risks on account of storage of oil or chemical or use of electrical equipment.—On account of storage of oil or chemical, or use of electrical equipment, the of fires likely to occur in such buildings cannot be extinguished by application of water. Special types of fire extinguishers or dry sand will have to be used for fires in such building.

2. Scale of fire fighting appliances—

(i) *Ordinary buildings with low fire hazard.*—One 10 litre bucket for every 100 square metre of floor area or part thereof and one 9 litre Soda Acid Extinguisher for every 6 buckets or part thereof with a minimum of one Extinguisher and two buckets, per compartment of the building. The appliances shall be so distributed over the entire floor area that a person shall not have to travel more than 90 metres from any point to reach the nearest appliances. In Special cases, approved by the Local Fire Officer, buckets may be dispensed with, provided the supply of extinguishers is doubled.

(ii) *Ordinary buildings with high fire hazard.*—One 10 litre water bucket for every 100 square metres of floor area or part there of and one 9 litre Soda Acid Extinguisher for every 6 buckets or part thereof with a minimum of 2 extinguishers and 4 buckets per compartment of the buildings. The appliances shall be so distributed over the entire floor area that a person shall not have to travel more than 15 metres from any point to reach the nearest appliances. In special cases, approved by the Local Fire Officer, buckets may be dispensed with, provided the supply of extinguishers is doubled.

(iii) *Building involving special risk.*—Where oils or chemicals are stored or electrical equipment is used, the number and type of fire appliances necessary for such buildings should be ascertained in consultation with the Local Fire Officer to meet the special hazard involved in the building.

NOTES.—(*a*) In calculating the floor area, open Varandahs, pasages, terraces, etc., where no combustible mateiral is stored may be excluded. In the case of stored buildings, the floor area of each floor shall be calculated separately for arriving at the scale of fire fighting appliances required for each floor.

(*b*) A list of suitable chemical fire extinguishers with the names of firms where they can be purchased should be obtained from the concerned Divisional Fire Officer.

3. *Telephone.*—Wherever, there is a non-automatic exchange telephone room, a receiver, will be fixed in a glass case outside the exchange room. Wherever threre is an automatic exchange the watchman should be trained to dial the fire Station number. In case of fire, the watchman detecting the fire will break open the glass case, take the receiver and call "Fire." The telephone exchange will at once communicate to the nearst fire brigade station and inform them of the locality in danger. There will also be placed in a convenient place nearby, a crowbar with which the watchman can force open the door of any room inside which there is a fire, in order to put it out.

CHAPTER II.

Precautions against fire.

1. The erection of temporary structures made of combustible materials within 10 metres of a permanent, Government Office building is prohibited. Prior permission of the Fire Service

Department should be obtained for the erection of any temporary structure in the compound of a Government building, provided that in the case of temporary sheds made of combustible materials, erected by the Public Works Department or its contractors for storing building materials or for any other purpose connected with their construction activities. the Executive Engineer may authorise the construction without the prior permission of the Fire Service Department subject to the condition that the prescribed minimum safety distance of 10 metres from such shed to the nearest building is maintained.

The Executive Engineer may also authorise the erection of temporary structures by Public Works Department for the inaugural functions and ceremonial occasions without prior permission of the Fire Service Department.

2. Galvanized iron buckets with water or sand and cheimcal fire extinguishers should be kept in easily accessible places in every building for use during fire. They should be located as far as possible at the top and bottom of stair cases or at the commencement of junctions of important corridors in each floor. The number of buckets and fire extinguishers to be provided should be as per scale seperately fixed and the head of each office should ensure that this qeuipment, which will already have been provided in most offices, in good working condition. The Divisional Fire Officer may be consulted when required in connection with this initial supply. For buildings for which an adequate supply of water is not available within a convenient distance water should be provided in covered tanks sufficiently large to fill the buckets ten times.

3. When portable fire engines are provided, the engine, is hoses, other appurtenances and accessories should be complete and in working order. The hoses should be of sufficient length to reach the top of the buildings. Certain important buildings, such as, the Secretarial Buildings in Madras, are provided with hydrants and hoses, and these are fixed in glass cases at convenient places. They should be periodically examinaed and kept complete and in working order.

4. All attenders and peons should be given a practice drill at least once a month in the use of fire appliances and the head of each office cocerned should make arrangements for the proper conduct of these drills. Where a telephone exists. attenders, and peons should be instructed in its use for the purpose of obtaining assistance.

5. The Head of each office should see that the following precautions are carried out :—

(*a*) That before closing the office for the night the Manager or Head Clerk or under his written authority a clerk named by him, visits each room and sees that all lights are put out, that in offices in which electric fans and lights are provided, the switvches are turned off; and that all waste paper has been removed, and that in hill stations where fire is kept in fire places to keep the room warm, all fire is effectively extinguished.

(*b*) that none but safety matches are used in office.

(*c*) that kerosene oil or any easily inflammable materials is always stored in an out building or godown.

(*d*) that the sealing of papers is always done under the direct supervision of a responsible clerk who should see that due care is taken.

(*e*) that no naked lights are used in any office. All candles or wicks must be protected by glass.

(*f*) that fire-places for the preparation of pastes or glue are not allowed in or near any building.

(*g*) that waste paper is not allowed to accumulate in large quantities in any office, One or more receptacles is provided outside the building for waste paper and is sufficiently distant from the main building. Every evening the waste paper of the day is collected and put into one of the receptacles.

(*h*) that fire buckets are kept always full of sand or water or in some cases it may be found suitable to keep half the number of buckets filled with water and half with sand.

(*i*) that old furniture is not left lying about but disposed of at once.

(*j*) that smoking in record rooms is strictly prohibited.

(*k*) that dried leaves and other litter is removed from the top of terraces at intervals.

(*l*) that all restrictions and rules regarding lighting issued by the local, municipal or Fire Service Authorities are strictly followed.

(*m*) that in hill stations where there are fire places for warming offices, fire-guards of metal gauze or netting are provied in front of all fire-places.

6. One bell gong or more according to the size of the building should be fixed in each building which should be sounded for giving the fire alarm. When this is sounded, it is the duty of the men listed for fire-fighting to rush up to the place of fire-fighting.

CHAPTER III.

Action to be taken on the outbreak of fire.

1. On the outbreak of fire, electric current should be switched off at the main.

2. Fire caused by ignited oil should be smothered at once by means of earth of sand kept in receptacles placed in suitable positions for the purpose ; and water should on no account be used. If chemical extinguishers of the foam type are available, they can be used.

3. Immediately a fire is detected, the alarm must be given as explained in paragraph 6 of Chapter II and intimation also given to the nerarest fire brigade and to the nearest police station by phone or otherwise as described in paragraph 3 of Chapter I.

4. Immediately on the alrm being raised, every man should proceed to the post of which he is told off and make such effective efforts as he can to put out the fire, pending the arrival of the fire brigade. If buildings are equipped with fire-hoses and hydrants conncected to over-head tanks, they should be used to the best advantage, as it will be possible to put out major fires by a timely use of these appliances.

5. All movement should be carried out with silence and rapidity and special care must be taken to see that there is no crowding in passages and staircases.

6. As a draught of air will tend to increase the fire all doors and windows which it is not neccessary to use for ingress or egress, should be closed.

7. All inflammable materials near the fire should be collected and carried to a place of safety.

CHAPTER IV.

General instructions.

1. The rules in Chapter I to III are applicable for ordinary Government non-residential buildings. These Rules should be printed in English and vernaculars and be hung up in conspicuous places in every building.

2. As regards the appliances to be provided for the fire protection, the Divisional Fire Officer having jurisdiction over the district will advise the head of the office of the number of fire buckets and chemical extinguishers required according to the scale fixed taking in to consideration the cost of the building and the superficial area of each floor. The responsibility of seeing that the equipment is according to scale and is kept in working time is that of the office.

3. In the case of important buildings where there is insufficient means of access to the roof the Executive Officer in consultation with the Divisional Fire Officer should consider the possibility of Providing ladders of suitable length for gaining access to any part of the roof.

4. The initial supply of fire buckets, and fire extinguishers together with other appurtenances, such as, stands, buckets, etc., as well as all renewals of, and repairs of the fire buckets and for extingusihers shall be made by the heads of the offices concerned —Such works bring treated as assigned to the departments concenred. If in any case, professional skill or assitance is considered necessary, the Divisional Fire Officeers shall be consulted.

5. When a building is occupied by more than one department the 'department' for the purpose of this rule, shall be the Revenue Department if it is one of the occupants and if not, the State Government Department occupying the major portion of the building to be decided in each case, by the Superintending Engineer concerned. If, in such cases, a department of the Central Government happens to be one of the oocupants, the cost of the fire appliances supplied or of the repairs thereto in respect of the portion of the building occupied by such department, shall be recovered from that department.

6. A building should be the unit for purpose of fire protection. In cases where a building (whether owned by Government or hired) is used partly as an office and partly as a residence for a Government office the department to which the office belongs shall be responsible for the provision of fire protection appliances for the entire building.

7. The supply of buckets and tanks, etc. to buildings rented as office will be arranged for by the heads of offices occupying the buildings.

8. Responsibility for the protection for buildings not in-charge of Public Works Department is that of the head of the office occupying.

9. The main principle underlying the rules is that the head of the office should see that his office building is protected. On that principle, it is for him to supply the buckets and other appliances, for him to get the rules translated, printed and hung up, and for him to make good (with the assistance of the Divisional Fire Officer having jurisdiction over the district, where necessary) any other defects.

CHAPTER V.

Practice drill.

1. The head of the office should fix an Officer, who will be responsible for the training of the men to take part in putting out fires during day and night and conducting periodical drills. The Officer thus chosen for training the Office staff and for conduc iong periodical fire drills, may be on trained at the nearest fire station in the various aspects of his duties with reference to G.O. Ms. No. 1356 (Home), dated 16th April 1952. The practices must be as realistic as possible and should include relaying of sand and water from a nearby source by forming a chain of all staff available.

2. For day time the services of the several attenders and peons on duty should be utilised but for night, special watchmen should be engaged.

3. Fire practices in the use of these appliances should be given by the Officer appointed once a week until all the attenders, peons and night watchman have had sufficient practice in the use of the various appliances.

4. After they have had sufficient practices, periodical practice drills at intervals of one month should be consducted. Such practice drills should include the use of chemical fire extinguishers at least once in six months.

5. A stock of refills for chemical fire extinguishers should always be kept. New refills should be loaded after each practice drill to ensure that the extinguishers are serviceable.

6. A suitable day in the first week of every quarter should be selected for fire drill but the hour should non be fixed nor intimated. On the day selected an alarm should be given by the Officer in-charge of the arrangements and different parts of the building each time and the practice drill with appliances gone through under the guidance of the officer in as orderly a manner as possible. This should be witnessed by the head of the office or his assistance deputed for the purpose. Similar drill should be gone through during night time during the same week but on a different day.

7. A register should be kept of all such exercises and of the defects noticed with any of the appliances. This register should be inspected by the head of the office on the same day or the day following and he should take action to set right the defects.

8. A register should be kept showing the issue of the refills for the chemical fire extinguishers after each practice.

9. Where special hydrants are fixed inside the buildings and fire-hoses are kept in glass cases, all the hydrants should be tested with the hoses on the drill day to ensure that they function all right and the men are fully acquainted with their use. On the morning of the practice, the glass should be kept open. After the practice is over, the hoses should be cleaned aired an kept in proper places and the glass cases closed.

CHATPER VI.

Duties of Night Watchman.

1. The watchmen will be on duty from 6 p.m. to 6 a.m. every day. They will go round as soon as they come on duty to see that all doors have been locked. They will take turns (whese there,

are more than one watchman on duty) in going round the offices and record the same at the tell-tale clock (where these are provided), every half an hour, patrolling only the verandahs and corridors round the office rooms. They will carry a whistle and a stout bamboo 5 feet long.

2. Where there is a head watchman or a Superintendent, he will visit the watchmen at uncertain hours during the night to see that they are doing their duty. During such visits he will carry on his person a set of duplicate keys of all the offices sealed in a bag. If there is only one watchman, he will have these duplicates with him.

3. Action to be taken in case of a fire—

Should a watchman on his round observe any out-break of fire, he will at once whistle for the other watchman and sound the fire alarm bell. He will act in accordance with paragraph 3 of Chapter I. The telephone exchange will at once communicate to the nearest fire station and inform them of the locality in danger. Where there are no telephones, information should be communicated to the nearest police station.

4. If the fire is inside any one of the rooms, which cannot be readily opened, the watchman and the head-watchman or Superintendent, if available on the spot, will immediately force open the door by means of crowbar (which will be kept in the custody of the watchman at an approved location) and try to put out the fire with the chemical fire extinguishers available. In the meantime the other watchman will get the fire buckets and pums into operation. They also whistle and call the watchman of the neighbouring offices, if any.

CHAPTER VII.

(Temporary sheds constructed of combustible materials).

A. Scale of fire fighting appliances—

(i) One 9 litre soda acid extinguisher for every 50 square metres of floor area or part there of. Provided that this equipment need not be installed in temporary sheds made of combustible materials erected by the Public Works Department or its contractors on work sites in connection with their building activities.

(ii) One 9 litre fire bucket of water for every 10 square metres of floor area or part thereof.

(iii) One fire rake for every 20 square metres of floor area or part thereof.

(iv) One ceiling hook for every 20 square metres of floor area or part thereof.

(v) A static supply of at least 500 litres of water for every 50 square metres of floor area or part thereof.

B. Other precautions to be taken—

(i) Temporary sheds made of combustible materials should be separated from each other by an open space of atleast 20 metres and from the nearest pucca building by an open space of at least 10 metres so that these gaps may serve as fire breaks.

(ii) The electrical wirings in the sheds should be protected with suitable Conduit piping so as to prevent sparks due to any short circuit from worn out wiring igniting the thatch and other easily combustible materials around.

(iii) The entire area of the sheds should not be cramped with furniture, etc., leaving only the minimum space for passage. Overcrowding of staff in the sheds should be avoided and more moving space within the sheds should be allowed.

(iv) In the pandals put up for inaugural functions, meetings and ceremonial occasions, there shall be one exit for every 300 persons and the exit shall not be less than 1.5 metre wide. The lay out of furniture shall be such that there shall be gangways to the exit. A 10 litre water bucket filled with sand or water for every 100 square metres of floor area shall be kept.

(G.O. Ms. No. 399, Public Works Department, dated 20th February 1967, Government Memorandum No. 77078/C3/67-5, Public Works Department, dated 31st December 1967, Government Memorandum No. 83624/C3/69.9 Public Works Department, dated 8th December 1969 and G.O. Ms. No. 2083, Public Works Department, dated 2nd December 1972.)

GENERAL INSTRUCTIONS OF THE DIRECTOR-GENERAL OF STORES, LONDON, REGARDING THE PREPARATION OF INDENTS.

1. On the front page of the indent, the following information should be given :—

(i) Head of service (number and description) and whether "Central" or "State" the name of the State in the latter case being given e.g., "41. Civil Works Central" or "41. Civil Works, Tamil Nadu".

(ii) A certificate of funds in the following form :—
"Funds provided in the High Commissioner's budget for the financial year."

N.B.—If no provision exists in the High Commissioner's Budget (although it may exist in the Indian portion of the budget of the Government concerned) the indent should be accompanied either by formal order transferring the necessary provision or by an intimation from or with the concurrence of Government that the indent may be complied with and that funds will be transferred to the High Commissioner's Budget for the financial year concerned (the year being always stated).

2. It is not desired to restrict indentors to the use of a particular indent form, but it is suggested that the specimen form annexed might be adopted as a model where revision or reprint of existing forms is considered necessary.

3. Nine copies of the indents should be sent. If the indent is accompanied by drawings, these should be tracings. If for any reason tracings cannot be sent, not less than six ferro. prints are desirable.

4. Indents may be either printed or typewritten, but should not be in manuscript.

5. As the charges for stores are to be passed through the remittance account for final adjustment in India (e.g., stores for Government Commercial Under takings, stores debitable to Panchayat Unions, etc.) the indents should be clearly noted to that effect and a certificate given that the necessary funds are available in India.

6. In the case of demands made by telegram, all essential data should be included, also the address to which the stores are to be despatched, the estimated cost, the head of service, and intimation that provision is included in the High Commissioner's budget.

7. Indents should be transmitted as early as possible in the financial year in which the funds are provided and wherever practicable, should be despatched from India so as to arrive in London at the latest by the 30th November. No useful purpose is served by certifying against the grant for a given financial year indents which are sent forward so late that they obviously cannot be complied with and paid for within the financial year.

8. Indents sent forward in one financial year which are to be met from funds which are expected to be provided in the budget for the ensuing financial year should invariably state either (a) that orders are not to be placed until the funds have been voted or sanctioned, or (b) that the Government concerned concur in the orders being placed in anticipation of the necessary provision being made in the budget for the ensuing year (it being, of course, understood that no payments will actually be made before the Commencement of the financial year in which the necessary provision is made.)

9. Each item should be separately priced, in pounds, sterling, and additions should be made at the end of the indent for the estimated cost of freight, and where applicable, for departmental expenses, etc., shillings and pence should be omitted where this can conveniently be done. No items should be left unpriced, a rough estimate being inserted where reliable information of the cost is not available.

10. Each indent should be confined to one financial year and to one head of service.

11. When sending to the India Store Department, London indents which are subject to financial limits a separate limit should be shown for each item. In such cases it is preferable to state that the limit of the sum allotted for each item should not be appreciably exceeded rather

than to impose an absolute limit which must not be exceeded. It is advisable in these cases to leave it to the discretion of the Director-General whether—

(i) Stores under any one item should be purchased upto the limit of the amount alloted against the item and the balance of the item referred to India for further instructions, or

(ii) the whole item should be referred to India before any order is placed, or

(iii) the item should be ordered in full when it is known that savings more than covering the excess have been effected in the purchase of other items in the same indent.

12. The date by which the stores are required to be landed in India should be stated definitely. Vague phrases such as "urgently required", "as soon as possible", etc., should not be used. A brief explanation of the urgency should be furnished when necessary, especially in cases where the success of a scheme depends upon the early arrival of stores.

13. The address to which the stores are to be consigned should be clearly stated and should preferably consist of—

(1) the name of the department of title of officer ;

(2) the town ;

(3) the Indian port of landing.

14. The item should be numbered consecutively, only a single series of numbers being used in an indent. This applies also to indents sent in the form of a letter.

15. When demands have been made by letter or telegram, confirming indents are unneceesary and should not be sent.

16. When correspondence has taken place between indenting officers and manufacturers, or direct quotations obtained, it is essential that copies of such correspondence should accompany the indent.

17. When it is desired that supply should be restricted to a particular firm, a specific statement to that effect should be made in the indent, and the reason stated briefly for the information of the High Commissioner. As the general instructions of the Government of India require that completion in supply must be obtained wherever practicable, such restrictions should be exceptional. Catalogue references and references to previous supplies are very useful but in the absence of any special marginal note are interpreted as merely indicating type of description or article required. The date of any catalogue quoted should be given.

18. When indenting for plant, machinery or electrical apparatus, the purpose for which it is required should be stated as fully as possible, or reference given to a previous suitable supply. In the absence of information to the contrary it is assumed that the latest model or type of the machine demanded will be acceptable. If for any reason an exact duplicate of an old type is required this should be stated.

19. Indents for spare parts should be complied from makers' spare parts catalogues, where available and the care should be taken to quote the correct symbol number and nomenclature or code word applicable to the particular type of engine or plant. The maker's number of the machine should also be stated. Failing this, the date and source of original supply should be given.

20. Supplies of certain bulky articles, such as stoneware pipes, rain-water pipers, light castings, etc., are usually sent out unpacked, a percentage increase being made to the quantity actually required in order to cover possible breakages in transit. When such addition has been made by the indenting officer, the indent should be noted to that effect. In the absence of such note, the addition will be made by the Store Department.

21. When drawings are asked for in indents, they are usually despatched immediately after the plant has been inspected and approved. When advance drawings are required for foundations or other reasons, the demand should be noted accordingly. Instructional and erection drawings should always be asked for when demanding unfamilier or complicated plant and machinery.

22. The stores should be examined immediately on their receipt at destination and whenever possible, under the personal supervision of a responsible officer.

23. Particular attention should be given to the instructions on the front of the packing account which should be in the hands of the supervising officer during the examination of the stores.

24. If stores are found to be in accordance with the particulars in the Packing Account, a receipt should be furnished in the following terms.—

"Stores received (date) and examined (date) found to be correct as to quantity and in accordance with the particulars in this Packing Account."

25. All articles not enclosed in packages, or loose bulk consignments, are held to have been counted or weighed by the matter of the vessel on shipment ; consequently any discrepancy should first be referred to the Port Officer, with an enquiry whether the ship discharged the full quantity.

26. Should any articles appear to have original defects samples, upon which judgement may be formed, should in all cases be sent to the Director-General, India Store Department, with the complaint, whether it relates to quality or to pattern.

27. If any article not described in the Packing Account be received, full particulars thereof should be entered in the Packing Account and reported by letter to the Director-General, India Store Department.

28. The Packing Account should in all cases be signed by the Senior Officer of the department at the station to which the stores are consigned.

29. When any discrepancy, except as provided for in paragraph 30, is found on receipt of the stores and especially where early replacement is required, it is requested that the earliest possible intimation may be made by letter addressed to the Director-General, India Stores Depatment, London and a reference to this letter noted on the Packing Account. This letter should quote the shipping number of packages and name of steamer by which the stores were shipped. In the case of damage, the report should state whether it is considered to be due to defective packing or to rough handling in transit and in what condition the case containing the stores was received by the consignee. In the case of deficiency, it should in addition state whether the case showed any indication of pilfering in transit and whether the weight on receipt agreed with the weight shown on the Packing Account.

30. When discrepancies are discovered and are considered not of sufficient importance to be reported, having regard to the value, nature of the stores and percentage of loss, the receipt on the Packing Account should be qualified as follows :—"Except for sundry trifling discrepancies on which no action is required". Reports of trivial discrepancies or breakages should be avoided, since correspondence with suppliers in cases in which the value involved is trivial in liable to prejudice the settlement of more important claims.

31. It should invariably be stated in Reports and Packing Accounts whether replacement is required or not. In ordinary circumstances, replacement will not be made unless specially asked for.

INDENT.

Telegraphic Indent Codes ward : Dated 19

Head of Service:

(Number and description and whether "Central" or "State" the name of the State being given in the latter case.)

Funds provided in the High Commissioner's Budget for the financial year.

When required to be landed in India :

Address(es) for the stores :

(Concluding with the port of landing in India.)

Explanation of contractions.

Item number.	Description of stores.	Distribution if any.	Number of quantity required.	Estimated cost. £. s. d.	Remarks by Indenting Officer.
(1)	(2)	(3)	(4)	(5)	(6)

N.B.—This page is intended for the India Stores Department only.

Name of Contractor.	Date of contract.	Actul cost. £. s. d.	Remarks.

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Special rules for the preparation and transmission of foreign indents applicable to officers under the Director of Health Services and Family Planning/Director of Medical Education are given below :—

(1) The annual foreign indents are intended exclusive for the purchase in England of special medicines and instruments which are not available in the Medical Store Depot, Madras.

(2) The special foreign indents from the Government Medical Institutions should be submitted to the Director of Health Services and Family Planning Director of Medical Education soon after the budget grant is communicated.

(3) Before preparing their speical foreign indents Medical Officers are requested to refer to priced vocabulary of Medical Stores which should be kept corrected upto date for information whether any or all of the special medicines and instruments they require are available in the Medical Store Depot and only such articles as are not available at the Medical Store Depot should be included in the foreign indents. Those that are available at the Medical Store Depot should be obtained on an extra indent with the previous sanction of the Director of Health Services and Family Planning/Director of Medical Education, the necessity for the articles being fully explained and information afforded as to whether funds are available to meet their cost.

NOTE.—(i) In cases where any special article costs Rs. 500 or more the sanction of the State Government must be obtained for its inclusion in the special foreign indent and Medical Officer should therefore explain the necessity for its purchase.

(ii) The special foreign indent should bear the following certificate.—"Certified that the special drugs and instruments included in the accompanying indent are not available at the Medical Stores Depot, Madras".

(4) The indents should be prepared on the form prescribed, and entries should be typewritten legibly. A tough quality of paper of foolscap size should be used. If one sheet is found insufficient other printed sheets made of paper of the same size and quality should be inter-leaved and the whole indent sewn or bound in book form with the pages numbered.

(5) All entries should be consecutively numbered and arranged in the following groups in alphabetical order :—

(i) Instruments (ii) Medicines (iii) Dressings. Lines should be well and evenly spaced out.

(6) The names of medicines should invariably be given in Latin and the cost of every item in sterling money.

(7) In the case of instruments, their correct names and description, the page of the catalogue in which they are found and their serial number in such catalogues should invariably be quoted for ready reference and with a view to avoid errors in supply.

(8) The column in the indent headed "Remarks by Indenting Officer" should be used for short remarks only. If long specifications are furnished they shall be placed at the end of the indent and shall be printed on one side of the paper only.

(9) In the case of indents from State hospitals or institutions nine copies should be prepared and submitted to the Director of Health Services and Family Planning/Director of Medical Education for transmission to the Director-General of Stores, India Office, London, each copy should correspond exactly with evey other.

(10) Indents from State institutions should bear a code word on the first page which should be previously obtained from the Office of the Director of Health Services and Family Planning/ Director of Medical Education. The date when stores are required to reach India should be marked with due care allowing the India Office sufficient time for the purchase, packing and conveyance of the stores of India.

APPENDIX XXI.

The authorities who shall prepare, maintain and scrutinise personal files of officers and establishments in the Medical Department are as follows:—

Nomenclature of all the gazetted posts sanctioned in Health Services and Family Planning Department (Medical Wing). (1)	*The authorities who should prepare and maintain personal files in respect of the incumbents of each of the above posts.* (2)	*The authorities who should scrutinise the above personal files.* (3)
Deputy Director of Health Services and Family Planning (Medical)..	Director of Health Services and Family Planning.	Government.
Deputy Director of Health Services and Family Planning (Family Planning).	Do. ..	Do.
Deputy Director of Health Services and Family Planning (E.S.I.) ..	Do. ..	Do.
Deputy Director of Health Services and Family Planning (Family Planning Mass Education).	Deputy Director of Health Services and Family Planning (Family Planning).	Director of Health Services and Family Planning.
Assistant Director of Health Services and Family Planning (Inspection Cell.)	Director of Health Services and Family Planning.	Government.
Assistant Director of Health Services and Family Planning (E.S.I.) ..	Do. ..	Do.
Assistant Director of Health Services and Family Planning (Medical-I)	Do. ..	Do.
Assistant Director of Health Services and Family Planning (Medical-II).	Do. ..	Do.
Assistant Director of Health Services and Family Planning (Planning and Development).	Do. ..	Do.
Assistant Director of Health Services and Family Planning (I.U.C.D. and Training).	Do. ..	Do.
State Leprosy Officer	Do. ..	Do.
State Tuberculosis Officer	Do. ..	Do.

APPENDIX XXI—*cont.*

(1)	(2)	(3)
Assistant Director of Health Services and Family Planning (Administration).	Director of Health Services and Family Planning.	Government.
Assistant Director of Health Services and Family Planning (Accounts)	Do. ..	Director of Treasuries and Accounts.
District Medical Officers and District Family Planning Maternity and Child Health Officers.	District Collectors and Director of Health Services and Family Planning.	Government.
Superintendent, E.S.I. Hospitals, Madras, Madurai and Coimbatore.	Director of Health Services and Family Planning.	Do.
Regional Administrative Medical Officers (E.S.I. Scheme), Coimbatore and Madurai.	Do. ..	Do.
Superintendent, T.B. Hospital, Nagercoil. ..	Do. ..	Do.
Assistant to the Director of Health Services and Family Planning (Nursing).	Deputy Director of Health Services and Family Planning (Medical).	Director of Health Services and Family Planning, Madras.
Medical Officer, Madras City Police Hospital, Madras	Commissioner of Police/Director of Health Services and Family Planning.	Government.
Senior Accounts Officer (Main)	Assistant Director of Health Services and Family Planning (Accounts.)	Director of Health Services and Family Planning, Madras.
Senior Accounts Officer (E.S.I.)	Do. ..	Do.
Administrative Officer (E.S.I.), Office of the Director of Health Services and Family Planning, Madras.	Deputy Director of Health Services and Family Planning (E.S.I.).	Do.
Administrative Officer, E.S.I. Hospital, Madras	Superintendent, E.S.I. Hospital, Madras ..	Deputy Director of Health Services and Family Planning. (E.S.I.)
Manager, Office of the Director of Health Services and Family Planning, Madras. ..	Assistant Director of Health Services and Family Planning (Administration).	Director of Health Services and Family Planning.
Gazetted Assistant (Nursing)	Assistant to the Director of Health Services and Family Planning (Nursing).	Deputy Director of Health Services and Family Planning (Medical).

Gazetted Assistant to the Deputy Director of Health Services and Family Planning (E.S.I.).	Deputy Director of Health Services and Family Planning (E.S.I.)	Director of Health Services and Family Planning, Madras.
Publicity Officer, T.B.	State Tuberculosis Officer	Do.
Lay Secretary and Treasurer, Grdae II	District Medical Officers concerned	Do.
Lay Secretary and Treasurer, Grade II, Office of the Director of Health Services and Family Planning, Madras.	Assistant Director of Health Services and Family Planning (Administration).	Do.
Selection Category Assistant Surgeons, Assistant Surgeons and Assistant Dental Surgeons.	District Medical Officers concerned	Do.
Personal Assistant to the Deputy Director of Health Services and Family Planning (E.S.I.).	Deputy Director of Health Services and Family Planning (E.S.I.)	Do.
Special Officer for Rehabilitation Homes	Director of Health Services and Family Planning.	Government.
Assistant Special Officer for Rehabilitation Homes	Do.	Do.
Junior Accounts Officer	Assistant Director of Health Services and Family Planning (Accounts).	Director of Health Services and Family Planning, Madras.
Demographer	Deputy Director of Health Services and Family Planning (Family Planning).	Do.
Nursing Superintendents, Grade I and Grade II	Head of the Institutions	Do.
Deputy State Drugs Controller	State Drugs Controller	Government.
Assistant State Drugs Controller	Deputy State Drugs Controller	State Drugs Controller.
Senior Drugs Inspector	Do.	Do.
Drugs Inspector (City)	Do.	Do.
Drugs Inspector (Muffassal)	District Medical Officer	Deputy State Drugs Controller.

The authorities who shall prepare, maintain and Scrutinise personal files of officers and establishments in the Medical Department are as follows:—

Nomenclature of all gazetted posts sanctioned in the Medical Education Department. (1)	*The authorities who should prepare and maintain personal files in respect of the incumbents of each of the above posts.* (2)	*The authorities who should scrutinise the above personal files.* (3)
Assistant Directors of Medical Education	Director of Medical Education	..
Deans, Principals and Director, King Institute, Guindy ..	Do.	..
Manager and Gazetted Assistants, Office of the Director of Medical Education.	Do.	..
Clinical Professors/Readers	Deans or the Principals of Medical College.	Director of Medical Education.
Non-clinical Professors/Readers	Do.	Do.
Readers/Professors in Dental Surgery	Do.	Do.
Resident Medical Officer in teaching hospitals	Head of the Institutions concerned	Do.
Assistant Director, King Institute, Guindy	Director, King Institute, Guindy	Do.
Professor of Radiological Physics	The Professor/Head of the Department	Do.
Reader in Pharmaceutical Chemistry	The Professor/Head of the Department	Director of Medical Education.
Reader in Pharmacology	Do.	Do.
Reader in Pharmaceutics	Do.	Do.
Reader in Serology	Do.	Do.
Non-Clinical Lecturers	Heads of Teaching Institutions	Do.
Clinical Lecturers	Do.	Do.
Clinical Tutors/Assistants	Do.	Do.

Non-Clinical Tutors/Assistants	Heads of Testing Institutes	Director of Medical Education.
Assistant Surgeons	Do.	Do.
Assistant Reader in Pharmacy	The Professor/Head of the Department have to prepare the confidential report and to be signed by the Head of the institutions.	Do.
Assistant Reader in Pharmaceutics	Do.	Do.
Assistant Reader in Pharmacognasy	Do.	Do.
Assistant Reader in Pharmaceutical Chemistry	Do.	Do.
Lecturer in Bio-Physics	Do.	Do.
Non-Medical Lecturer in Bio-Chemistry	Do.	Do.
Non-Medical Tutor in Anatomy	Do.	Do.
Non-Medical Tutor in Physiology	Do.	Do.
Non-Medical Tutor in Microbiology	Do.	Do.
Non-Medical Tutor in Pharmacology	Do.	Do.
Non-Medical Tutor in Bio-Chemistry	Do.	Do.
Non-Medical Assistant to the Reader in Pharmacology	Do.	Do.
Non-Medical Research Officer	Do.	Do.
Research Assistant (Mon-Medical)	Do.	Do.
Bio-Chemist	Do.	Do.
Chief Chemist	Do.	Do.

(1)	(2)	(3)
Senior Chemical Assistant	The Professor/Head of the Department have to prepare the confidential report and to be signed by the Head of the Institutions.	Director of Medical Education is the countersigning authority.
Speech Theropist	Do.	Do.
Rehabilitation Teacher	Do.	Do.
Medical Record Officer (Gazetted)	Do.	Do.
Assistant Professor of Radiological Physics	Do.	Do.
Non-Medical Reader in Neuro-Chemistry	Do.	Do.
Physiological Chemist	Do.	Do.
Histophysiologist	Do.	Do.
Reader in Nursing	Deans and Superintendents of concerned Medical Institutions under whom theywork.	Director of Medical Education.
Tutor in Nursing	Do.	Do.
Nursing Tutors	Do.	Do.
Nursing Superintendents	Do.	Do.
Chief Matron Superintendent	Do.	Do.
Lecturer in Physiotheraphy and Chief Physiotherapist ..	Do.	Do.
Lay Secretaries and Treasures in Government Medical Institutions, Grade I and II Gazetted Assistants. ..	Head of the Institutions concerned. ..	Do.
Clinical Psychologist	The Professor / Head of the Department have to prepare the confidential reportss and to be signed by the Head of the institutions.	The Director of Medical Education the countersigning authority.
Dietician	Do.	Do.
Non-Medical Serologist	Do.	Do.
Non-Medical Reader in Bio-Chemistry	Do.	Do.

APPENDIX XXII.

PART I.

INSTRUCTIONS REGARDING THE DISPOSAL OF DISCIPLINARY CASES.

1. These instructions are meant for the guidance of the officers and other staff who have to deal with disciplinary cases. Whenever disciplinary action is contemplated against a Government servant, and at every stage thereafter while disposing of the disciplinary case, these instructions may be consulted to ensure that the correct procedure is followed. The procedure laid down in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules is mandatory and any omission to observe the rules will vitiate the disciplinary proceedings. These instructions are only an elaboration of the main provisions contained in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules in regard to procedure. A strict observance of these instructions will eliminate all possible defects in procedure.

2. Rule 8 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules has laid down that the following penalties may *for good and sufficient reason* be imposed upon every person who is a member of the Civil Service of the State and every person holding a Civil post—

(i) Censure.

(ii) Fine (in the case of persons in respect of whom imposition of such penalty is permissible under the rules).

(iii) Withholding of increments or promotion, including stoppage at an efficiency bar.

(iv) Reduction to a lower rank in the seniority list or to a lower post or time-scale, whether in the same service, or in another service, State or Subordinate, or to a lower stage in a time-scale.

(v) (*a*) Recovery from pay of the whole or part of any pecuniary loss caused to the State Government or the Central Government or to a local body by negligence or breach of orders or

(*b*) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of increments ordered to be withheld, where such an order cannot be given effect to.

Explanation.—In cases of stoppage of increment with cumulative effect. the monetary value equivalent to three times the amount of increments ordered to be withheld may be recovered.

(*c*) Recovery from pay to the extend necessary of the monetary value equvalent to the amount of reduction to a lower stage in a time scale ordered where such an order cannot be given effect to.

(vi) Compulsory retirement otherwise than under article 465(2) or under Note 1 of the article 465-A of the Civil Service Regulations.

(vii) Removal from the Civil service of State Government.

(viii) Dismissal from the Civil service of the State Government.

(ix) Suspension, where a person has already been suspended under rule 17(*c*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, to the extend considered necessary by the authority imposing the penalty.

3. According to rule 17 (*a*) of the said Ruels, in every case where it is proposed to impose upon every person who is a member of the Civil Service of the State and every person holding Civil post any of the penalties mentioned in items (i) (ii), (iii), (v) and (ix) above, he shall be given a reasonable opportunity of making any representation that he may desire to make and such representation if any shall be taken into consideration before the order imposing the penalty is passed. The other penalties (i.e.) those mentioned in items (iv), (vi), (vii) and (viii) above cannot be imposed upon every person who is a member of the Civil Service of the State and every person holding a Civil post except in accordance with the detailed procedure laid down in the Rule 17 (*b*). The first group of penalties (i.e.) those mentioned in items (i), (ii), (iii), (v) and (ix) are generally considered as 'minor' penalties and the rest (i.e.), those mentioned in items (iv), (vi), (vii) and (viii) are generally considered as 'major' penalties.

4. *Preliminary investigation.*—The first step before taking disciplinary action against a Government Servant is to decide whether a prima facie case exists for taking action,

The Statutory Rules do not require that a preliminary investigation should be made in any particular manner. Very often irregularities come to notice, either on a specific complaint made by an aggrieved party, or discovered suo moto by the superior officers in the course of their normal duties of supervision, direction and control of the institutions and the staff in their charge. Before deciding on the question whether disciplinary action should be initiated against a Government servant, it is necessary to ensure that there is a prima facie case for taking such a step. Therefore, a preliminary investigation is necessary and essential, particularly when the major penalties specified above appear to be indicated and such investigation should be quick and as brief as possible, the aim being to bring to light, facts that would establish the necessity or otherwise of initiating disciplinary proceedings. In the interests of quick disposal such preliminary enquiry cannot be held in the presence of the accused public servant. The object of the preliminary enquiry would be to discover precisely whether the public servant concerned is responsible for the dereliction of duty.

After the conclusion of the enquiry, the officer concerned should apply his mind to the facts and consider whether a prima facie case has been established, and if the circumstances necessitate disciplinary proceedings being instituted, he should proceed to consider whether negligence or lapse on the part of the public servant concerned is such as to call for the penalties proposed in clauses (i), (ii), (iii) (v) and (ix) of Rule 8 or clauses (iv) or (vi) to (vii) of the said rule.

5. (i) *Procedure for imposing 'minor penalties'.*—[Items (i), (ii), (iii), (v) and (ix) in rule 8 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules].

Rule 17 (*a*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules lays down the procedure to be followed, to impose the above penalties. As an appeal is allowed against every order awarding a penalty, it is essential that they should be available to the appellate authority as complete a record as is possible of the proceedings leading to the award of penalty. This is specially so in cases where the appeal lies to the Government who have ordinarily to make a reference to the Tamil Nadu Public Service Commission before passing their orders. Therefore in every case, the Officer concerned should be given a reasonable opportunity to show cause against any disciplinary action which it is proposed to take against him. All that would be required is to furnish the Government servant concerned with a sufficiently clear statement of the grounds on which it is proposed to impose the relevant punishment and ask him to show cause against the same. The authority which may impose 'minor' punishments are specified in rule 14 (*a*) (1) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules.

(ii) Procedure for imposing 'major' penalties [items (iv), (vi), (vii) and (viii) in rule 8 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules].—

It is imperative that the proceedings should be through in every respect. As the proceedings relating to disciplinary cases are of a quasi-judicial character it is of the greatest importance that they should be so conducted as not to give rise to any feeling in the mind of the person charged that the enquiry was not conducted in an impartial and detached frame of mind. All the requirements of rule 17 (*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules should therefore be complied with scrupulously. The step by step procedure to be followed is indicated below.—

(iii) *Initiation of action.*—In cases where it is proposed to impose a major penalty there would necessarily have been a preliminary enquiry. After the preliminary enquiry the officer himself without specific authorisation of the authority competent to impose a penalty frame charges against, and enquire into the conduct of, the public servant concerned directly subordinate to him although he may not be competent to impose the penalty specified.

6. *Framing of charges.*—According to rule 17 (*b*)(i) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, in every case where it is proposed to impose upon every person who is a member of the Civil service of the State and every person holding a Civil post any of the penalties specified in items (iv),(vi),(vii) and (viii) in rule 8 of the said rules the grounds on which it is proposed to take action shall be reduced to the form of a definite charge or charges which shall be communicated to the person charged together with a statement of the allegations on which each charge is based and of any other circumstances which it is proposed to take into consideration in passing orders in the case. He shall be required within a reasonable time to put in a written statement of his defence and to state whether he desires an oral inquiry or only to be heard in person or both. *The charge of charges framed should be definite and clear.* A common irregularity noticed is that the charges framed are vague and are not precise. For example in an inquiry into alleged corruption or incompetence, a single charge of a general nature such as of "Corruption' or of 'incompetence' cannot be regarded as sufficiently precise. A separate charge

should therefore be framed in respect of each instance of corruption or incompetence. Charges based on particular instances may, however, be combined with a general charge of corruption or incompetence of which the instances furnish the evidence. As already pointed out in the preceding paragraph, it is not necessary that the charges should be framed by the authority competent to award a penalty or even that the enquiry should be conducted by that authority.

The charges can be framed and the enquiry held by any officer under whom the delinquent is serving. This does not, however, imply that no other can frame charges and enquire. An officer can at any time and without specific authorization by the authority competent to impose the penalty, frame charges against or enquire into the conduct of an officer directly subordinate to him, although he may not be competent to impose a penalty. There is no occasion or need to consider the question of punishment at the time of framing charges. If the proposed punishment is mentioned in the charge memo, it will lend support to the contention that the case against the accused officer had been prejudged even before charges against him were enquired into and a finding arrived at on the basis of the enquiry.

The charge memo should not mention about the quantum of punishment proposed to be imposed. It would be advantageous perhaps to begin the memorandum of charges saying:

"The following charges are framed against you.. (hereunder the name of the public servant)"

"*Charge I*"—After this will follow the charges.

Below each charge would be grounds of charge which will be a short and brief narrative of the grounds leading up to the charge. After the grounds of each charge will follow evidence in support of the charge.

To take a specific case, a cook might be caught in the process of removing some rations from the kitchen and he might be caught anywhere in the premises of the hospital between the kitchen and the gate, or even at the gate. The charge would probably read in such cases as follows.—

"*Charge I*".—You stole or attempted to steal.................................(mention a brief description of the articles stolen or attempted to be stolen) on or about..........(enter the date and time), by removing or attempting to remove the same from the premises of the Hospital.

Grounds of charges.—This will give a brief description of the circumstances in which he was caught and would quote the relevant rules and standing orders of the hospital regarding the issue, cooking and disposal of the rations, and would state how the particular act was in contravention of the rules, and under the circumstances of the case, amount to theft, etc.

7. *Evidence in support of the charge.*—(i) In this, will be included the evidence that will be relied upon to establish the case. Copies of the documents could very well be enclosed, under the head of "Evidence in support of the charge". The names of the witnesses and their designations should also be stated clearly.

Similarly in the case of other charges the same details, i.e., the grounds of the charge and the evidence in support of the charge should be mentioned.

Some officers may prefer the alterntive method of giving a brief description of the circumstances leading up to the charge and end up by saying;

"therefore, the following charge is framed against you", etc. Either of the two methods may be followed depending upon the circumstances of the case. But in the same proceedings two different pattern should not be mixed up, as it might vitiate the enquiry.

It would be convenient, in order to ensure that none of the statutory requirements are over looked, to attach a questionnaire to the Memorandum and call upon the accused public servant to fill in the questionnaire to and resubmit it along with his explanation. The memorandum of charges to be communicated to the Public Servant should invariably conclude with a paragraph as follows.—

"The attention of.......................is directed to the provisions of the rule 17 (*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules. He is also directed to fill in the questionnaire form attached and resubmit it duly signed with his written explanation for the charge/charges communicated to him herewith".

(ii) Conducting of an oral enquiry.—

The officer conducting the enquiry should on receipt of the returned form and the written explanation, examine carefully the answers to those questions. If any particular case he considers that the person charged has claimed a privilage which is either unnecessary or is one to which he is not legitimately entitled under the rules, he should record his reasons specifically before dis-allowing the claim.

An oral enquiry should be held if such an enquiry is desired by the persons charged or is directed by the authority concerned. At that enquiry, oral evidence shall be heard as to such of the allegations in the charge memo as are not admitted by the person charged. Any documentary evidence produced at the oral enquiry should be properly proved as in a Court. At the oral enquiry the evidence should in all cases, be recorded in the presence of the person charged, that is to say both the evidecne given in the examination in-chief and in cross-examination should be recorded. As far as possible, the cross examination should be done immediately after the examination-in-chief is over. The officer charged is also entitled to give evidence in person. The evidence of the witnesses and of the person charged, if he offers evidence should be taken down in writing, irrelevant questions and answers being ruled out by the enquiring officer, and their depositions should be read over and signed by them in token of their having been correctly recorded. If the departmental enquiry is conducted on the complaint of a private person or body the complainant should not be allowed to cross examine the officer charged who is in such enquiry in the position of an accused person by the complainant may suggest questions to the enquiring officer to be put to the witnesses produced in defence of the officer charged, or the enquiring officer may, in his discretion, permit the complainant himself to cross examine the said witnesses.

The witnesses examined at the preliminary enquiry held before the framing of charges, whose evidence is considered necessary to prove the charges, must be re-called at the regular enquiry after the charges have been framed.

It shall not be necessary to record over again the evidence recorded at the preliminary enquiry, but the evidence so recorded should be read out at the regular enquiry in the presence of the person charged and he should be given an opportunity to cross-examine the witnesses, whether or not he has already cross-examined them at the preliminary enquiry. If, however, any such witnesses were examined at the preliminary enquiry in the absence of the person charged, such witness should, if the person charged so desires be examined-in-chief in his presence at the regular enquiry (instead of the evidence given by the witness at the preliminary enquiry being read out) and the person charged should also be given on opportunity to cross-examine the witness.

It is not necessary that every person who was examined at the preliminary inquiry should be examined at the regular inquiry though it is incumbment on the enquiring officer to examine at the regular enquiry any particular witnesses previously examine whom the officer charged specifically asks should be examined. But no evidence other than that of persons examined at the regular enquiry should be relied upon in arriving at the findings.

Where the enquiring officer refuses to permit the person charged to call and examine a witness cited by him, the reasons for such refusal must be recorded in writing, failure so to record the reasons will vitiate the enquiry.

Immediately after the enquiry is over, the enquiring officer should aks in writing the reason charged whether he has had a reasonable opportunity of presenting his case of if he has any complaint in this regard. If there is any complaint in this regard, the enquiring officer will examine the complaint and set right the matter. If it is considered that the alleged denial of reasonable opportunity is made with a view to delay unduly the disciplinary proceedings, the enquiring officer will be competent to ignore the complaint and the reasons for not complying with the request should be recorded.

After the inquiry has been completed, the person charged should be allowed to put in, if he so desires, any further written statement of his defence.

(iii) *Personal hearing.*—Whether or not the person charged desired or had an oral enquiry, he shall be heared in person at any state if he so desires, before passing the final orders. A report of the enquiry or personal hearing (as the case may be) shall be prepared by the authority holding the enquiry or personal hearing whether or not such authority is competent to impose the penalty. Such report shall contain a sufficient record of the evidence, if any, and a statement of the findings and the ground thereof.

8. *Appearance of Lawyers.*—Ordinarily, there is no reason why a lawyer should be allowed in a departmental enquiry. If however the enquiring officer is satisfied that the person charged will be greatly prejudiced in making his defence unless he is allowed a lawyer, the enquiring officer may, for special reasons to be recorded, allow a lawyer to appear and plead on behalf of the person charged.

9. *Recording of findings.*—The officer holding the enquiring should record his findings on each charge separately after carefully considering the evidence adduced in support of it as well as that for the defence. The proceedings should contain a sufficient record of the evidence and a statement of the findings and the grounds thereof. It should be left open to the enquiring officer to make recommendations in the cases which he takes up *suo moto* and that in cases where he is directed to hold an enquiry, it should be left open to the officer ordering the enquiry to direct the enquiring officer to make recommendations or not as he sees fit.

10. *Arriving at provisional conclusion in regard to the penalty to be imposed.*—The next stage in the disciplinary procedure is for the competent authority to arrive at the provisonal conclusion in regard to the penalty to be imposed, on the basis of the recorded findings referred to in the previous paragraphs. If the officer who conducted the oral enquiry, etc., is not competent to award the proposed penalty, he should remit the case to the competent authority for further disposal of the case, soon after he has recorded his findings. *The authirity competent to impose the proposed penalty alone should arrive at the provisional conclusion.*

11. *Consideration of past record of person charged*—An Officer's past record should not be taken into account in arriving at a finding as to the truth or otherwise of the charges against him. It may, however, be taken into account in assesing the punishment to be awarded, after the charges have been proved, and if it is intended to do so, the person charged should be apprised of the fact that his previous record and penalties imposed on him would be taken into account in deciding the quantum of punishment. He should be allowed to inspect the relevant records relating to his past service, if he so desires.

12. *Issue of show cause notice.*—After the authority competent to impose the penalty has arrived at the provisional conclusion in regard to the penalty to be imposed, the person charged should be supplied with a copy of the report of the enquiring authority and be called upon to show cause, within a reasonable time, not oridnarily exceeding one month, against the particular penalty prosposed to be inficted.

13. *Issue of final orders.*—The representation submitted by the person charged in reply to the show cause notice should be duly taken into consideration before final orders are passed in the disciplinary case. The final proceedings should as far as possible be self-explanatory. The authority which may impose the 'major' penalties are specified in rule 15(*a*) of the Tamil Nadu Civil Services (Classification, Control and Appeal), Rules.

14. *Arrangement of records.*—The system of arranging the records of enquiry should be uniform. The record of the preliminary investigation (which is not governed by any statutory rules) should be distinguished from the record of the regular enquiry conducted under the Civil Services (Classification, Control and Appeal) Rules. The former should be closed with a disposal and when the enquiry under the statutory rules in commended a fresh current should be opened beginning with the memorandum of charges. The record of this enquiry should be kept in two parts, viz., Part I containing the charges, the explanation of the officer whose conduct is under enquiry, the evidence findings and Part II containing merely the correspondence, summons notices, etc., arising from the enquiry. The pages in each part should be numbered separately. If a register is part of the record, it should be numbered as one page of the record, but the pages of the register should also be numbered independently. Part I should contain also an index giving the references to the paper filled in it and this should be signed at the foot by the head ministerial officer.

15. *Disciplinary action in respect of lent officers.*—In the case of officers lent by one department or office to another, the disciplinary authority in respect of the post held by the officer for the time being may impose any the prescribed penalties except those of compulsory retirement removal and dismissal from service, but before imposing any such penalty, such authority should consult the lending authority in the matter and the opinion of the latter should ordinarily prevail. In cases which call for the punishment of compulsory tetriement, removal or dismissal, the borrowing authority should complete the enquiry and forward the records together with its findings to the lending authority which should pass such orders as it may think it.

16. *Disciplinary action in respect of temporary officers.*—Under rules 10(*a*) (i) and (*ii*) and 39(*a*) (i) of the Tamil Nadu State Subordinate Services Rules, temporary appointments and promotions can be made where it is necessary in the public interest to fill immediately a vacany in a post borne on the cadre of a service, class, category and there would be undue delay in making such appointments and promotions in accordance withthe rules. Under rules 10(*a*)(i) and 39(*e*) the services of a person appointed and promoted temporarily under the above reles may be terminated *at any time without notice and without any reason being assigned therefor.* Only if it is proposed to terminate the service of a person appointed under the rules mentioned above *as a measure of penalty the* procedure prescribed in rule 17(*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules should be followed.

If a temporary civil servant is discharged or removed from service based on misconduct or any such reason then, such discharge or removal will amount to penalty and in such case, it will be necessary to comply with the provisions of Article 311(2) of the Constitution by following the procedure prescribed in rule 17(*b*) of the Classification Control and Appeal Rules.

17. *Probationers and officers on contract.*—The discharge of a probationer during the period of his probation of a person appointed otherwise than under contract to held a temporary appointment on the expiration of his appointment or of a contract officer accordance with the terms of his conduct, does not amount to removal or dismissal within the meaning of the disciplinary rules, but a probationer, or contract officer, is none the less a member of the service concerned and in respect of disciplinary matters will be subject to the ordinary disciplinary rules in the same way as other members of such services.

18. *Prompt disposal of disciplinary cases.*—Disciplinary cases should be dealt with at all stages with the greatest expedition. It is necessary that there should be no avoidable delay in completing the proceedings. Care should be taken to avoid all dilatoriness and adjournment or postponement of the enquiry should be allowed with circumspection and only when necessary. Where an officer is suspended, pending an enquiry into his conduct on the ground that it is undesirable to allow him to continue on duty during the enquiry, it is all the more necessary that the enquiry should be completed with expedition and orders passed as early as possible. Attention in this connection is also invited to the instructions recently issued in G.O. Ms. No. 1718, Public (Services) Department, dated 13th October 1963 regarding suspension.

19. *Appeals.*—Every officer to whom a penalty has been awarded is entitled to one appeal. In the case of the State Services, the appeallate authority is that specified in rule 20 of the Tamil Nadu Civil Services(Classification, Control and Appeal) Rules and in the case of the Subordinate Services the appellate authority is that specified in the Schedule to the Tamil Nadu Police Subordinate Service, Discipline and Appeal Rules, or as the case may be in rule 22 of the Tamil Nadu Civil Services (Classification, control and Appeal) Rules. When an appeal is presented, the appellate authority should first satisfy itself whether the requirements of rule 55 of the Classification Rules or as the case may be of the corresponding rules have been complied with and if there are any defects in the procedure, it should return the case to the authority which passed the original order for rectification of the defects. If the appellant alleges that the rules were not followed, the authority which passed the original should in forwarding the appeal to the appellate authority, specifically comment on that alleagtion and the appellate authority should specifically examine whether such allegation is justified. Where the requirements in the matter of procedure have been complied with the appellate authority should consider—

(*a*) Whether the facts on which the order was based have been established.

(*b*) Whether the facts established afford sufficient ground for taking action; and

(*c*) Whether the penalty is excessive, adequate or inadequate, and, after such consideration, should pass such orders as it things proper. It is open to the appellate authority to enhance the punishment awarded where it considers such enhancement to be necessary.

20. *Revision, etc.*— In the case of members of the Police Subordinate Services, an original order of punishment may be passed not only by the authority speified in the Schedule to the Tamil Nadu Police Subordinate Services, Discipline and Appeal Rules, but also by the higher authorities to whom the authorities so specified are administratively subordinate. Any such higher authority or any higher authority refereed to in rule 14 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules may therefore call for the records in a disciplinary case and pass such orders as it considers proper, even though no appeal has been preferred to it. In such a case, however, that is, where the higher authority, otherwise than on appeal presented to it, enhance the penalty or awards a penalty when the lower authority did not do, so, its order will be an original order and an appeal to the next higher authority will therefore be ordinarily admissble—*See* rule 5(*b*) and (*e*) of the Tamil Nadu Police Subordinate Services, Discipline and Appeal Rules and rule 22 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules.

(G.O. N. 1532, Public (Services) Department, dated 7th May 1955 and Government D.O. Letter No. 99033/H7/64-9, Health, dated 16th February 1965.)

FORM OF QUESTIONNAIRE

1. Have you any objecton to the form of any of the charge ?

2. In addition to the written statement of your defence which you are now required to submit you are entitled to continue your defence of the follow methods.

(a) An oral enquiry held in your presence

and/or

(b) To be heard in person without an oral enquiry.

PLEASE STATE IN THE COLUMN—OPPOSITE WHETHER YOU REQUIRE FURTHER METHOD TO BE ADOPTED.

NOTE.—If you choose method (a), the following witnesses will be recalled to prove the charges.—

(i) Witnesses examined in your presence at the preliminary enquiry.—

1.

2.

3.

4.

(ii) Witnesses not yet examined in your presence.

1.

2.

3.

4.

The evidence recorded from (i) at the preliminary enquiry will be read out at the regular enquiry and you will be given an opportunity to cross-examine the witness again.

Any evidence recorded from (ii) at the preliminary enquiry will also be read out at the regular enquiry unless you prefer that any of the witnesses be examined in chief before you will be given any opportunity to cross-examine them.

3. (i) Do you wish to give evidence yourself?

(ii) If so, on what points? ..

4. (i) Do you wish to have any witnesses examined on your behalf?

(ii) If so, state their names and note briefly the matters to which they are called to depose.

NOTE.—After the completion of the enquiry, you may, if you so desire, put in a further written statement of your defence.

5. Do you desire to be supplied with copies of any records or the depositions of witnesses or the report of the enquiring officer ?

If so, give particulars of the records, copies of which are required.

Signature of the individual.

PART II.

INSTRUCTIONS TO AVOID TECHNICAL IRREGULARITIES AND DELAY IN THE DISPOSAL OF DISCIPLINARY CASES.

The statutory requirements of the Constitution and the various provisions in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules should be strictly followed in the disposal of disciplinary cases against Government Servants. On account of technical irregularities, the orders passed by the punishing authorities will have to be set aside by Goverment on appeal or revision, after a lapse of considerable time resulting in payment of large amounts by way of pay and allowances for the period of the persons who have been dismissed to removed from service, etc., but who are subsequently reinstated in service eventhough the punishment already imposed would be amply justified if there are no procedural flaws. Hence the disciplinary cases should be examined throughly by the officer competent to impose punishment and dealt with personally by him at all stages with the utmost vigilance so that Government are not placed in a disadvantageous position in case those orders are sought to be set aside by the courts or higher authorities for procedural defects. Punishing authorities should exercise the greatest care in the disposal of disciplinary cases and should strictly adhere to the mandatory provisions in the Constitution and the statutory provisions in the Tamil Nadu Civil Servics (Classification, Control and Appeal) Rules.

The Government have prescribed the "Check Memorandum to ensure that all the formalities laid down in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules are complied with during various stages of action. A copy of the above Check memorandum is furnished in the Annexure to these instructions.

(Government Memorandum No. 1288/68-20, Public (Services-B) Department, dated 19th July 1969 and Government Memorandum No. 4353/70-10, Public (Services-B) Department, dated 25th June 1971).

ANNEXURE

CHECK MEMORANDUM FOR DISCIPLINARY CASES.

1. Whether definite and specific charges have been framed ? In the case of charges relating to receipt of illegal gratification, the particulars of date, time and place, to the extent known or established in the preliminary inquiry should be mentioned.

2. Whether a statement of allegations on which each charge is based has been communicated ?

3. Whether the accused officer has been asked to—

   (i) put in his written statement of defence ; and

   (ii) to state whether he wants an oral inquiry ; and

   (iii) to state whether he wants to be heard in person ?

NOTE.—The accused officer should be allowed a personal hearing before or after enquiry, if so desired by him.

4. If the accused officer does not want an oral enquiry, whether such an inquiry was directed by the authority concerned ?

5. Whether evidence has been recorded at the oral enquiry in the presence of the person charged ?

6. Whether the witnesses examined at the preliminary enquiry, if any, were recalled during the oral inquiry to prove the charges ?

7. Whether copies of the evidence such as the complaints and statements made by witnesses, during preliminary enquiry, etc., on which the competent authority proposes to rely on, have been furnished to the accused officer as early as possible before the prosecution witnesses are to be cross-examined ?

8. Whether the documentary evidence including inspection reports, statements by witnesses recorded by the Vigilence and Anti-Corruption Department, etc., relied upon both by prosecution and defence, have been filed as exhibits and properly proved ?

9. If any witness was examined at the preliminary enquiry in the absence of the person charged was his presence considered necessary at the oral enquiry by the accused officer, and, if so, was he examined in the presence of the person charged ?

10. Whether the personcharged was allowed tofcross examine the witness produced by the prosecution, to give evidence in person and to call witnesses on his behalf ?

11. Was any witness asked for by the person charged, refused to be allowed, and if so, was sufficient reason recorded to that effect ?

12. Did any contingency arise where the request of the accused officer for furnishing certain records could not be conceded or disclosed to him in public interest or for any other substantial and justifiable reason. If so, whether the accused officer was informed accordingly and the fact of such refusal together with the reasons therefor, recorded in writing ?

13. Was the person charged asked to put in, if he so desired, any further statement of his defence, after completion of the oral enquiry ?

14. Was there any request to be heard in person in addition to the oral inquiry, and if so, was it complied with ?

15. Did the enquiring officer ask in writing the accused officer, immediately after the enquiry is over, whether the accused officer had a reasonable opportunity of presenting his case ? If there has been any complaint, was it set right by the enquiring officer ?

16. Does the proceedings of the oral enquiry contain a sufficient record of the evidence and statement of the findings and the grounds thereof ?

17. Was the provisional conclusion arrived at by the authority competent to impose the penalty with reference to Article 311 (1) of the Constitution of India ?

18. Whether the past record of the accused officer is proposed to be taken into account in determining the penalty to be imposed, and, if so, whether it was made a specific charge either in the main charge sheet issued in the first instance or in the form of an additional charge-sheet issued before the commencement of an enquiry in respect of the main charge-sheet and whether the person charged was afforded all the facilities necessary for enabling him to meet the allegations based on the past record ?

19. Was a copy of the report of the enquiring authority in case it was different from the one competent to impose the penalty referred to at item (18) above, supplied along with the communication of provisional conclusion ?

20. Was a report of the enquiry and/or of the personal hearing with findings, recorded by the enquiring authority even in cases where he is himself the punishing authority ?

21. Was a copy of the report of the enquring authority supplied along with the communication of provisional conclusion, even in cases where the enquiring authority is the same as the authority competent to impose the penalty ?

22. Was the representation to the show cause notice carefully considered ?

23. Does the final order proposed to be issued specify that the representation to the show cause notice has been carefully considered ?

24. Is the final order proposed to be issued self-contained ?

25. Has the acknowledgement of the person been obtained in token of having received the copy of the final orders, or alternatively, was the order sent by registered post acknowledgement due ?

APPENDIX XXIII.

Part I.

INSTRUCTIONS REGARDING THE SUBMISSION AND RECEIPT OF PETITIONS AND OTHER PAPERS OF THE SAME CLASS ADDRESSED TO THE GOVERNMENT OF TAMIL NADU.

1. *Definitions.*—In these instructions –

(1) 'Government' means the Government of Tamil Nadu.

(2) 'petition' includes memorials, letters and applications of the nature of petitions.

2. *Scope of instructions.* –(1) Save as hereinafter provided, these instructions shall apply as far as may be, to all petitions addressed to the Government.

(2) they shall not apply to—

(*a*) petitions which are appeals preferred by a member of the Civil Service of the State under the rules governing their conditions of service or under the Constitution of India ;

(*b*) Petitions relating to bills pending before the State Legislature such petitions are governed by the standing orders of the Legislature :

(*c*) petitions submitted by, or on behalf of, convicts under sentence of death ; and

(*d*) petitions addressed to the Governor by persons who are or were in the service of the State in the respect of matters affecting them as servants of the State Government ; such petitions are governed by the special instructions issued by the Governor in that behalf.

(*e*) they shall not affect any rules or orders in respect of representations submitted by recognized Associations of Government servant.

3. (1) A petition may be either in manuscript or type-script or in print.

(2) Every petition shall be authenticated by the signature of the petitioner, or when the petitioners are numerous, by the signatures of one or more of them.

4. Every petition shall –

(*a*) contain all material statements and arguments relied upon by the petitioner

(*b*) be complete in itself ;

(*c*) if any recorded order of a public authority is complained against, be accompanied by a copy of the order and by a copy of any order in the case passed by a subordinate authority together with a copy of the petition to such authority ;

(*d*) end with a specific prayer.

5. (1) Any person having cause of complaint against the Government, shall, in the first instance, seek redress from the local authority who, if unable to grant the redress sought, shall pass an order in writing to that effect. If dissatisfied with this decision the petitioner shall be at liberty to address the Board of Revenue, Court or other superior authority by which the local authority is controlled ; or he may address the Government in cases wherein there is no such controlling authority.

Communications intended for the Government shall be addressed to the Government of Tamil Nadu or to a Secretary to the Government of Tamil Nadu. A communication addressed to the Governor or to a Member or Minister is not addressed to the Government and does not come within the cognizance of the Government onlsss the Governor, the Member or the Minister sees fit to send it to a Secretary to Government.

(2) Petitions containing complaints against the Military Department shall be addressed to the Commander, Madras District.

6. (1) The Government will not receive a petition on any matter, unless it shall appear that the petitioner has first applied to the local authority and also the Board of Revenue or the other controlling authority where such exisits.

(2) Petitions from persons who have been employed in the Army shall, if they relate to a matter concerning the Military Department, be addressed to the Commander, Madras district.

7. In order to enable the Government to enforce the foregoing rule without injustice or hardship to complaining parties, all heads of offices shall understand that a party affected by an order is entitled to have, on application, a copy of such order, which, in all cases, except those where no appeal lies, shall contain a statement of the grounds of the decision. This shall be furnished to him on plain paper and without payment.

8. The Government will receive petitions only from principals ; communications running in the name of a pleader or agent will receive no attention. Anonymous petitions will be totally disregarded and destroyed on receipt.

9. Resolutions submitted by associations and other similar bodies will receive no attention; any such body wishing action to be taken on its representations should submit them in the form of a petition stating the grounds and the circumstances of the each case.

10. As the Government never interfere with the distribution of subordinate appointments applications for situation in the gift of appointing authorities will remain unnoticed.

11. Every member of a civil service of the State wishing to petition Government shall do so separately.

Provided that nothing in this instruction shall apply to representations submitted by recognized associations of servants of the State Government in accordance with such rules as may from time to time be prescribed by the Government.

NOTE.—In view of the present searcity of paper, the Government have ordered that the practice of Government servants sending separate but exactly similar memorials to the Governor or the Government of the same grievance with reference to the above instruction may be stopped and that instead a joint memorial on one and the same subject signed by serveral Government servants may be submitted. A breach of the order contained in this note shall constitute an offence against discipline and will be dealt with as such.

12. Every person in civil employment and every person who has been in civil employment shall, if he desires to petition the Government in respect of such employment, or in respect of the termination of such employment submit a separate petition on his own behalf.

13. Every petition from a person who is or was in the service of the State shall be addressed to a Secretary to Government and submitted through the head of the office or department to which the petitioner belongs or belonged.

14. The head of the office or the department shall, unless empowered under instructions contained in paragraphs 20 or 21 to return or withhold it, at once forward the petition to the Secretary to Government in the department concerned through the ordinary official channel and may make such remarks as he may consider necessary in regard to the accuracy of the statements made and inferences drawn in the petition ; he shall also forward such records not submitted by the petitioner, as should properly be consulted in order to the due disposal of the petition.

15. *Deleted.*

16. *Deleted.*

17. Petitions addressed to the Government will be liable to summary rejection in the following cases : –

(1) When the petitioner has not complied, in full, with the above instructions ;

(2) When a petition is illegible or unintelligible or contains language which in the opinion of the Government is disloyal, disrespectful or improper ;

(3) When a previous petition has been disposed of by the Government of Tamil Nadu and the petition discloses no new facts or circumstances which afford grounds for a reconsideration of the case ;

(4) When the petition is mere application for relief, pecuniary or other, which is –

(*a*) presented by a person, manifestly possessing no claim or advancing a claim of an obviously unsubstantial charcter ; or

(*b*) so belated that its consideration is clearly impossible ;

(5) When the petition is—

(*a*) an application for employment in the service of the State not made in pursuance of any rule or an announcement regarding applications for such employment ; or

(*b*) a request for exemption from the provisions of any law or rule prescribing the qualifications to be possessed by persons in the service of the State or by persons engaging in any profession or employment ;

(6) When the petition is an appeal from a judicial decision unless such petition—

(*a*) is an appeal from a judicial decision in a case in which Government have reserved any discretion of interference ;

(*b*) is an appeal from a judicial decision in a suit to which Government were a party ; or

(*c*) is a prayer for the suspension or remission of a sentence under Chapter XXIX of the Code of Criminal Procedure.

(7) When the petition is a representation against a decision which is declared to be final by any law or statutory rule ;

(8) When the law provides a different or specific remedy in respect of the subject matter of the petition whether or not any period of limitation prescribed for the prosecution of such remedy has expired ;

(9) When the petition is submitted otherwise than in accordance with any rule, order or contract such as is referred to in sub-clause (*a*) of clause (14), by a person in the service of the State with regard to his prospective claim to pension ;

(10) When a petition is an appeal against a failure by Government to exercise a discretion vested in them by law or rule ;

(11) When the action desired in a petition is in the nature of a favour and not of a right ;

(12) When the petition is a representation against an order of a subordinate authority communicated to the petitioner more than six months before the submission of the petition, and no satisfactory explanation for the delay is given ;

(13) When the petition is a representation against the discharge of a person—

(*a*) appointed on probation, during such probation ;

(*b*) appointed, otherwise than under contract, to hold a temporary appointment on the expiration of the period of such appointment ; or

(*c*) engaged under contract in accordance with the terms of such contract ;

(14) When the petition is a representation by a servant of the State against an order—

(*a*) from which he has exercised, or possesses a right of appeal under—

(i) rules or orders regulating his conditions of service ; or
(ii) the terums of his contract of service ;

(*b*) passed by any authority in the exercise of appellate or revisional powers conferred by any rule, order or contract such as is referred to in sub-clause (a) ; or

(*c*) from which, not being an order of punishment passd by the Government, an appeal is expressly barred by any rule order or contract such as is referred to in sub-clause (a) ;

(15) When the petition is a representation relating to an order of the Government refusing to grant or to recommend—

(*a*) a special pension ;

(*b*) a compassionate pension ;

(*c*) any pecuniary or others concession to which the petitioner is not entitled under any law or statutory rule ;

(16) When the petition is a representation with regard to any matter connected with the official prospects or position of a person in the service of the State, and is not submitted by such person ;

(17) When the petition relates to a subject on which the Government are competent pass orders, and no application for redress has been made by the petitioner to the Government;

(18) When the petition is a representation against the action of a private individual or of a body of private individuals regarding the private relations of the petitioner and such individual or body ; and

(19) When the petition not being a petition such as referred to in the exceptions in clause (6) relates to matters in which the petitioner has no direct personal interest.

18. The Government will, when a petition is rejected, in accordance with the instructions contained in the above paragraph, inform the petitioner of the rejection and the reasons thereof.

19. Where a petition has already been rejected under paragraph 17, and a further petition on the same subject is submitted which does not contain facts not already brought to notice, such further petition will be disregarded.

20. Heads of Department are vested with dicretionary power to return for correction or rectification petition addressed to the Government and forwarded through them in the following cases :—

(*a*) When a petition is illegible or unintelligible.

(*b*) When a petition runs in the name of a pleader or agent instead of in the name of the principal.

(*c*) When a petition from a person who is or was in the service of the State is addressed otherwise than in accordance with these instructions.

(21) Heads of Departments are authorised to with hold petitions and memorials addressed to the Government from Government servants in respect of matters which the Heads of Departments are competent to review, on representations received by them, appellate orders passed by their subordinates.

[G.O. No. 742, Public (Services), dated 2nd May 1960.]

(22) An authority withholding a petition or memorial in accordance with the above paragraph, shall inform the petitioner of the fact of with holding the petition and the reason therefor.

(23) Although the above restrictions proposed in respect of memorials and petitions reaching the Departments of the Secretariat, it will be open to the Government to call for a report on any mat er affecting a Government Servant if they have reason to believe that in regard to that matter . the rules and regulations prescribed have not been observed by the subordinate authorities Similarly the Head of the Department also can address the Government if he has reason to believe that there is a genuine grievance to be redressed in regard to any such matter.

(24) No action will ordinarily be taken by the Department of the Secretariat on advance copies of the class of petitions and memorials liable to be withhold by the Heads of Departments in accordance with this order.

[G.O. No. 742, Public (Services), dated 2nd May 1960.]

PART II.]

MEMORIALS AND PETITIONS ADDRESSED TO THE GOVERNOR.

All Heads of Departments are authorised to withhold memorials and petitions addressed to the Governor in accordance with the following instructions ;

(1) Heads of Departments may, subject to the provision in instructions below, withhold any petition addressed to the Governor—

(i) If the petitioner has not availed himself of the remedies provided by the rules or orders applicable to the case ; or

(ii) If the petition was not submitted within six months from the date on which the final order passed on appeal or revision under the rules or orders applicable to the case was communicated to the petitioner ; or

(iii) If the Petition relates to a matter which has already been disposed of by the Governor; or

(iv) If the petition relates to cases where an original order or an order on a statutory appeal has not been passed by the Government ; or

(v) If the petition is illegible or unintelligible or contains any matter which is disloyal, disrespectful or improper.

NOTE.—The petitioner should however be informed of the withholding of the petition and the reason therefor.

(2) Petitions from persons who are or were Gazetted Officers or non-gazetted Government servants in cases where an original order or an order on statutory appeal was passed by the Government shall not be withheld by any authority.

(3) Every petition referred to in (2) above shall be submitted through the Head of the Office or Department to which the petitioner belongs or belonged to the Secretary to Government in the Administrative Department concerned.

[G.O. Ms. No. 742, Public (Services), dated 2nd May 1960.]

APPENDIX XXIV.

LIST OF REPORTS AND RETURNS RECEIVED IN AND DESPATCHED FROM THE DIRECTOR OF HEALTH SERVICES AND FAMILY PLANNING/DIRECTOR OF MEDICAL EDUCATION.

Deleted.

APPENDIX XXV

RULES REGARDING THE WORKING HOURS, ETC., OF PUBLIC HEALTH LABORATORIES.

Under the scheme for the development of Public Health Laboratory Services, District Public Health Laboratories have been established one in each district at various times excepting in Coimbatore, Pudukkottai and Dharmapuri Districts. However minimum laboratory facilities are available in Dharmapuri District.

All the District (Public Health) Laboratories in the State and the Principal Laboratory at Coimbatore shall function from 9. a.m. to 1 p.m. and 2 p.m. to 4. p.m. on all working days with a lunch interval of 1 hour between 1 p.m. and 2 p.m. During the above working hours, the laboratory should actually be opened to the Public with a view to receive specimens, etc., for laboraory test up to 4 p.m. and the laboratory should not be closed exactly at the stroke of 4 p.m. and the staff will have to remain up to 5 p.m. to complete the work and investigation on hand.

On all public holidays except sundays, the laboratory shall function from 9 a.m. to 1 p.m. with the full compliment of staff and in the after-noons 2 p.m. to 4 p.m. a technician should be on duty to attend to any urgent work. On Sundays, the laboratory shall function from 9 a.m. to 1 p.m. and closed, in the afternoon.

In the case of emergencies, the District Medical Officer/Superintendent/Assistant District Medical Officer/Resident Medical Officer will have full powers to summon the Medical Officer or any one or all of the members of the laboratory staff for duty and such calls for emergent work shall be obeyed implicity by all concerned. In this connection, it should be clearly understood that a District Laboratory is not an office in the sense in which it is usually understood but it is part of a hospital service and should therefore be opened whenever the hospital is functioning.

The hours of working as detailed above should be displayed prominently both in Tamil and English on a board to be hung in front of or at a prominent place of each laboratory.

(P. No. 116-P & D II/62, dated 4th May 1962.)

APPENDIX XXVI.

PART I.

Agreement form to be entered with the firm while placing orders for the purchase of equipment costing more than Rs. 10,000 as per instruction in Articles 128 of Tamil Nadu Financial Code, Volume I.

To

The Governor of Tamil Nadu.

I, hereby contract and agree on the acceptance of this quotation to supply to the (head of the Institution) on behalf of the Governor of Tamil Nadu to supply to the Government of Tamil Nadu in accordance with the conditions of the contract stated below the goods or materials hereunder named of the quality or sort and at the rate or price hereunder specified.

Description of goods or materials.	Quality or sort.	Rates or price (in figures)	Total quantity or number to be supplied.
(1)	(2)	(3)	(4)

CONDITIONS OF CONTRACT.

(1) The equipment shall be supplied within the time to be specified in the order communicating the acceptance at the rate accepted.

(2) That the equipment shall be rejected and no amount paid for it, if found unsatisfactory damaged or broken.

(3) That contractor shall be responsible for the proper functioning of the apparatus and if any part fails to function, the firm will replace or repair the same at their own cost, for which a guarantee certificate is furnished by the firm.

(4) Periodical servicing will be done by their expert technicians, free of cost, during the guarantee period, thereafter at rates, agreed upon.

(5) Spare parts for the equipments shall be kept ready in stock by the contractor supplied as and when required at a reasonable rate agreed upon.

(6) The decision of head of the Medical Institutions shall be final and shall not be disputed, if any dispute arises regarding the terms of agreement.

Contractor's signature.

Address by post.

Witness to the above signature.

ACCEPTANCE.

I, , for and on behalf of and by order and direction of Government of Tamil Nadu, etc., accept the foregoing quotation in accordance with the conditions of contract thereunto annexed.

(G.O. No. 2480, Health, dated 2nd October 1963.)

PART II.

Agreement form to be entered with the firm while placing orders for the purchase of X-ray units.

THIS AGREEMENT made the..................................**day of**.............
....
accompany registered under the Indian Companies Act, and having its Registered Office at...
....
(hereinafter called the "the Company") of the one part and the Governor of Tamil Nadu (hereinafter called "the Purchaser") of the other part.

WHEREAS THE COMPANY has agreed with the Purchaser to supply to the Government Hospitals in the State of Tamil Nadu all such quantities of X-ray plants (hereinafter referred to as equipment) as the Company shall be required by or on behalf of the purchaser to supply at any time or times during the period of.....................commencing from.............
day of..
at the price or prices in the manner and upon the terms and conditions hereinafter mentioned and whereas the Company has deposited with the Director of Health Services and Family Planning Director of Medical Education (hereinafter called 'Director') a sum of Rs..............
..................more particularly described in Schedule II below pledging the amount to the Director for the due and faithfull performance and observance by the Company of the terms and conditions herein contained and to be performed by the Company,

NOW THESE PRESENTS WITNESS that for carrying the said agreement into execution the Company on the one part for itself its successors, and assigns and the Purchaser on the other part for himself, his successors and assigns mutually covenant declare contract and agree each of them with the other of them in manner following (that is to say):

1. At any time or times and at all times during the period of twelve months commencing with the...
day of..
at which the Company shall be required so to do the Company shall and will supply the equipment as may from time to time be ordered from the Company at the net prices mentioned below which will be firm upto

Description.	Size.	Net Price.
(1)	(2)	(3)

2. Every order for the supply of the equipment under these presents shall be in writing and shall be signed by the Director or other duly authorised Officer and shall be complied with by the Company within 30 days of the receipt of the order. Supplies however, are subject to railway traffic restrictions, and to the contingencies arising from riots, war, strikes, civil commotion, lockouts, fire, flood, drought, breakdowns or other causes beyond the control of the 'Company' whether in the course of manufacture transit or delivery without reponsibility on the part of the 'Company', for the loss arising their from.

3. The Company shall not at any time and on any ground whatsoever during the period ....hereinbefore fixed claim any revesion or modification of the rates respectively agreed upon for the articles and/or things mentioned in the First Schedule hereunder written and specified therein. It is hereby understood and agreed that the rates so fixed include the payment by the Company of Customs duties now payable or any enhancement thereof or which may hereafter be levied on all or any of the said articles and/or things mentioned in the First Schedule.

4. The equipment supplied by the Company under these presents shall be of the quality and description specified in the relative order and shall be open to inspection and acceptance or rejection by the Director, or the Superintendent of the Hospital or Medical Officer of the hospital to whom the supply is made (hereinafter called the 'Superintendent' or 'Medical Officer') or by such person as the Director or Superintendent or Medical Officer may from time to time name and appoint to that duty or for that purpose and which said person to be so named and appointed as aforesaid is hereinafter referred to as "the Inspecting Officer"

5. All equipment supplied by the Company which in the opinion of the Director or Superintendent or Medical Officer or the Inspecting Officer shall be in bad order, unsound, inferior in quality or description, or not in accordance with the specification contained in the relative order or otherwise faulty or unfit for use may be rejected by the director or Superintendent or Medical Officer or the Inspecting Officer, as such rejection shall in all respects be final and conclusive altogether operative and binding upon the Company and shall not be open or subject to question or dispute by the Company upon any ground whatsoever,

6. The equipment supplied by the Company which shall be rejected by the Director or Superintendent or the Medical Offieer or the Inspecting Officer shall lie at the premises of the Institute or Hospital at the sole risk of the Company and shall be removed by the Company at its own cost within fifteen days after such rejection shall have been notified to the Company. The cost of transit of such goods rejected to and the place of consignment shall be borne entirely by the Company.

The Company' on its failure to remove the goods within 15 days of the receipt of the notice shall be liable to pay the Purchaser warehouse charges at such rates as may be demanded from time to time for the period in excess of 15 days during which the goods rejected are left with the Purchaser.

7. In lieu of the equipment which shall have been rejected by the Director or Superintendent or Medical Officer or the Inspecting Officer under the provisions hereinbefore contained, the Company shall and will within three days after such rejection shall have been notified to the Company aforesaid supply and deliver such number or numbers of equipment of the quality and description contained in the original order as shall be equivalent in numbers to the numbers of equivalent which shall have been so rejected as aforesaid.

8. All equipment supplied in lieu of or in substitution for rejected equipments shall be in the like manner subject to such inspection, rejection and removal as aforesaid as often as the Director or the Superintendent or Medical Officer or Inspecting Officer shall consider necessary.

9. In the case of any neglect or refusal on the part of the Company to supply and deliver the equipments which the Company may from time to time be required within the time it shall be luwful to the Director or Superintendent or Medical Officer or any person authorised by him thereunto to purchase elsewhere and from any other person or persons whomsoever such numbers of eqnipment as shall not have been duly supplied and delivered by the Company and to charge, the difference, if any, between the price or prices of the equipment which may be so purchased or the monies which may have been paid for the same and the price or prices payable under these presents for such equipment against the Company. The Company shall pay and reimburse to the Purchaser such difference in price as aforesaid within two days after the same shall have been demanded from it by or on behalf of the Purchaser.

In addition and without prejudice to any other rights that the Purchaser may have as against the Company the Pnrchaser shall be entitled to deduct the amount of the loss sustained from out of bills if any outstanding for payment to the 'Company'.

10. On every occassion when equipment are supplied under these presents the Company shall be bound to tender a bill in triplicate showing the date of the order, the numbers of the equipment supplied and the charges for the same calculated in accordance with the prices mentioned above. One copy of this bill shall be returned by the Superintendent/Medical Officer to the Company duly signed.

11. It is expressly agreed by and between the parties hereto that notwithstanding any estimate or probable numbers that may have been mentioned by or on behalf of the Purchaser prior to the execution of these presents the Purchaser has the right to order any number of equipments as may from time to time be required by or on behalf of the purchaser to be supplied as aforesaid during the period herein fixed or not to order any quantity of equipments at all.

12. The Purchaser hereby agrees that except as herein provided, he shall not buy during the period herein fixed all or any of the equipments herein contracted to be supplied by the Company or any part thereof from any person, firm or company other than Company.

13. The Company shall not be in any way interested or concerned directly or indirectly with any of the servants, of any of the Hospitals/Institutions in any trade business or other transaction whatsoever nor shall the Company give or pay or promise to give or pay to any such servant directly or indirectly and money or fee under the designation of 'Custom' or otherwise, nor shall the Company assign or make cover this contract directly or indirectly to any persons whosoever to interfere in the management of performance hereof either under power-of-attorney granted by the Company or otherwise without the consent in writing of the said Superintendent/Medical Officer.

14. The Company shall at all times during the contiunence of this contract obey and carry out in all things the order, instructions and directions of the said Superintendent/Medical Officer of all Officers and servants acting under his orders and by him authorised to act in all or any of the matters and things herein contained and the contractor shall, except in cases where the decision of the Inspecting Officer is by these presents made final and conclusive, abide by the decision of the said Superintendent/Medical Officer and of any officer or servant acting under his orders and authorised by him to act for him in all matter relating to or in any way concerning the construction of this contract or any matter, clause or thing herein contained or any question arising there out any and every such decision as aforesaid shall be final and conclusive and altogether operative and binding on the Company and shall not be subject to question or review upon any ground whatsoever.

15. Final payment of goods or materials supplied under this contract shall be made only on production by the Company of a certificate from the Income-tax Authorities that the income-tax payable by him unto and of the previous accounts' year has been paid in full.

16. Upon the complete fulfilment of this contract by the Company to the satisfaction of the Purchaser the said Government securities described in the second schedule shall be re-endorsed and returned to the Company.

17. The Purchaser shall be at liberty with a period of.................from the date hereof to terminate this agreement either wholly or in part on one month's notice and thereupon this agreement shall cease and be void and the contractor shall not be entitled to any compensation in respect of such termination.

18. In case the Company shall fail or neglect or refuse to observe, perform, fulfil and keep all or any one or more or any part of any one or more of the covenants stipulations and provisions herein contained, it shall be lawful for the Director, if he shall think fit to be without prejudice and in addition to all the every other remedies herein before contained on behalf of the purchaser or any such failure, neglect or refusal as aforesaid by any writing under his hand to put an end to this contract and thereupon every article clause or thing herein contained shall cease and be void and in case any monies, damages, losses, expenses, differences in price or compensation shall then or at any time during the continuance of this contract be due from or payable by the Company to the purchaser, it shall be lawful for the Director from and out of any monies then in the hands of the Director or the Superintendent or the Medical Officer and payable or to become payable to the Company to reimburse to the Purchaser all such monies, damages, losses, expenses, difference in price and compensations as the Purchaser shall have sustained or been put to or be entitled to by reason of the company having been guilty or any such failure, neglect or refusal as aforesaid or other breach in the performance of this its contractor as shall for the time being be due and owing from or payable by the Company to the Purchaser and, if such amount shall be in sufficient to pay and satisfy the whole of such monies, damages, lesses, expenses, difference in price and compensation as aforesaid then and in that case it shall be lawful for the Purchaser to recover the residue thereof by legal proceedings against the Company upon the covenants and agreements herein contained.

In witness whereof..the duly constituted attorney of the Company and the Director acting for and on behalf of and by ehe order and direction of the Governor of Tamil Nadu have thereunto set their respective signature and seals the day, month and year first above written.

SCHEDULE I.

Approximate numbers of equipments required for the contract period, i.e., twelve months.

Quantity. (1)	Sizes. (2)	Quantity. (3)

SCHEDULE II.

Signed, sealed and delivered by the above named :

In the presence of :

Signed, sealed and delivered by the above named :

In the presence of :

APPENDIX XXVII.

FORM TO BE FILLED UP BY THE MEDICAL OFFICER IN-CHARGE OF THE INSTITUTION THAT IS PROPOSED TO BE INSPECTED BY THE DIRECTOR OF HEALTH SERVICES AND FAMILY PLANNING/ASSISTANT DIRECTOR OF HEALTH SERVICES AND FAMILY PLANNING (INSPECTION CELL) (PLANNING AND DEVELOPMENT) (MEDICAL I) (MEDICAL II).

1. Name of the Institution .. .. ..

2. Category or Class of the Institution (Allopathic or Indigenous system.)

3. Situated at (place and locality) .. ..

4. Whether it is a major or minar panchayat or municipal area?

5. Whether it is a District or Taluk head-quarters station or not?

6. Name of the taluk.................... Name of the district.......................

7. Extent and population of the area ...

8. Main occupation or industry of the people in this town.

9. Is the Institution under a Government or local body or other management?

10. Name and qualification of the District Medical Officer or Medical Officer in-charge. How long has he/she been in this Institution?

11. Date of inspection .. .. ..

12. Designation of Inspecting Officer ..

13. Staff (Medical Officer)—

(*a*) Paid Medical Officers and their numbers.

Names and qualifications .. ..

(*b*) Honorary Medical Officers and their numbers.

Names and qualifications .. ..

(*c*) House Surgeons (paid and honorary) and their numbers.

Names and qualification.. .. ..

14. Staff (Nurses)—

(*a*) Number and name of Nursing Superintendents.

(*b*) Number and name of Nursing Sisters.

(c) Number of Nurses—

Men .. ..

Women .. ..

15. Number of Nursing Assistants—

Men .. ..

Women .. ..

16. Number of sanitary workers ..

17. Staff (ministerial) .. .. ..

18. Staff (technical) .. .. ..

19. Staff (miscellaneous)—
Cook
Gardeners .. ..
Peons
Waterman, etc., ...

(Additional white paper may be attached if need for supplying the above particulars.) (If any of the posts are vacant in any of the above categories on the date of inspection it may be mentioned against that item.)

20. Is the staff mentioned above adequate ?
If not what additional staff do you require ?

21. Buildings—Hospital buildings—

(*a*) What is the area of the hospital site ?

(*b*) Where is it located with reference to the Town ?

(*c*) Is there a compound wall all round the hospital ?

(*d*) A short note on the number of buildings which comprise the Institution naming each building and stating what it is nsed for. A rough site plan may be furnished showing O.P. Block, Wards and Office, ete.

(*e*) Whether the space and buildings are adequate for the needs of the place. If not please state your requirements for expansion.

(*f*) Has any proposals been sent to Director of Health Services and Family Planning for expansion of the Institution ?

(*g*) Are there special wards ? If so, of what type and the number in each type ?

22. Buildings—Residential quarters—

(*a*) Are the Medical Officers provided with quarters ? If so, how many of them are provided and where are they located ?

(*b*) Are the nurses provided with quarters ? If so, for how many of them are provided and where are they located ?

(*c*) Names of other members of the staff who are provided with quarters and where they are located ?

23. Are the hospital buildings electrified ?

24, Is there a telephone connection to the hospital ?

25. (*a*) What is the source of water-supply to the hospital for drinking ?

(*b*) What is the source of water-supply to the hospital for washing ?

(*c*) Is there any overhead storage tank ?

26. Sanitation of the hospital?

(*a*) Does the District Medical Officer/ Medical Officer in-charge make the weekly sanitation round of the entire hospital ?

(*b*) Are the surroundings of the hospital clean ?

(*c*) Drainage (Type—Open or under-ground)

(*d*) Latrines (Dry or Flush-out type) . ..

(*e*) How is the nightsoil disposed off ?

(*f*) Is there an incinerator for burning of rubbish, etc, ?

27. Laundry—

What is the arrangement for washing soiled, linen, etc.

28. Mortuary—

(*a*) Is it located within the hospital ? If not where is located ?

(*b*) Is it adequate and in good condition ?

(*c*) Is it provided with a good post-mortem table, flyproof doors and windows ?

(*d*) Are the post-mortem instruments adequate and in good condition ?

(*e*) Is there adequate stock of rectified spirit and glass containers for medico-legal examinations ?

29. Laboratory—

Is there an adequate clinical laboratory ?

Where is it located ?

Is is well equipped ?

Is there a good microscope in working order ?

Are there essential staining and other re-agents ?

What type of laboratory examinaions are being done here?

Is a record of those examinations maintained in a separate register?

Is there a whole-time or part-time trained Pathologist in-charge?

Is there a trained technician incharge? ...

30. Blood Bank—

Is there a Blood Bank section attached?

Is there a trained Medical Officer in-charge of the same?

31. X-ray Department—

Is there provision for taking of skeagram and screening?

Is there provision for electro-therapy? ..

Is there provision for deep X-ray therapy?

Is there provision for radium therapy?

32. Kitchen—

Is it adequate and in good condition? ...

Is it a smoke proof type? .. .. ..

Is it provided with flyproof doors and windows?

33. Diet—

(*a*) Who supervises the preparation and distribution of food?

(*b*) How are the diet articles purchased?

(*c*) Milk—What is the arrangements in vogue for supply of good milk to hospital patients?

34. Infectious diseases shed—

(*a*) Is there a separate infectious diseases shed within the hospital compound maintained by Panchayat or Municipality for treatment of cholera cases, etc.

(*b*) Is there a separate Isolation hospital, outside the hospital, for treatment of small-pox?

35. Is there any special provision within the hospital for isolation and treatment of infectious cases like diptheria, meningitis, tetanus, etc,

36. Administration Block—

(*a*) Is there a separate office block for housing office staff and records?

(*b*) If so, is it adequate? .. .. ..

(*c*) Is there provision to keep the records safely?

(*d*) Is there adequate office furniture?

37. Operation theatre—

How many operation theatres are there?

Are they in good condition and are they adequate?

Are they well equipped? .. .. ..

Is there a shadowless lamp? .. ..

Are the surgical instruments adequate for the work?

Are there separate sterilising and washing rooms?

Are there separate post-operative wards?

38. Anaesthesia—

(*a*) What is the usual choice of anesthesia?

(*b*) Is there a Boy's apparatus?

(*c*) Is there a trained Anaesthetist?

39. Surgical instrument and equipment—

(*a*) Are they adequate?

(*b*) Are they in good condition?

(*c*) Any deficiency of essential instruments?

40. Drugs—

(*a*) What is the budget allotment for drugs and instruments?

(*b*) Is it adequate?

(*c*) Are there adequate stock of drugs?

(*d*) Are there adequate stock of all essential drugs?

(*e*) Is there stocking of modern anti-leprosy drugs like sulphones?

(*f*) Are vaccine and sera stocked?

(*g*) Is there an ice box or frigidaire stocking sera and vaccines prevent their deterioration to?

(*h*) Are the supply of drugs from Medical Stores Depot regular?

(*i*) Have all the drugs been supplied by Medical Stores Depot?

(*j*) What are the drugs purchased locally?

(*k*) Is there a separate store room? Is it adequate?

(*l*) Are the poisons kept separately under lock and key in store room?

41. Dispensary—

Is it kept clean?

Are stock mixture checked up periodically?

Are the poisons kept under lock and key in a separate poison almirah?

Is it adequately equipped?

Do you use filtered and boiled water for stock mixtures?

42. Dressing rooms—

Are there separate dressing rooms for men and women?

Are they kept clean?

Are they properly equipped?

Are the lotion and other medicine bottles properly labelled in conformity to Drug Rules?

Are the dressings used here sterilized before use?

43. Out-patient Department—

Please give a short note on the Out-patient Department with reference to the buildings accommodation, space, equipment, etc.

If there provision for examination of men and women separately?

Are the medical, surgical and obstetrical units functioning separately?

What are Special Departments functioning at the Out-patient Department and who are in-charge of each of these Departments and what are the hours of working of these departments?

Department—

Eye	..	..	..	..	..
Tuberclosis	..	..	..	..	
Ear, Nose and Throat	..	..	..		
Venereal disease	..	..	..	..	
Skin	..	..	..	..	..
Leprosy	..	..	..	..	..
Family Planning	..	..	..	..	
Any other Special Department	..	..			

44. In-patient wards—

Please give a short description of the various buildings set apart for in-patient with reference to number of beds in each building, adequacy of space, equipment, lighting and ventilation sanitation, provision of separate bath rooms and latrines, drainage and condition of the buildings, etc.

Are separate wards or beds provided for the following special Departments and, if so, how many beds are allotted ?

Tuberculosis .. ..
Venereal disease .. ..
Ear, Nose and Throat .. .. ..
Skin .. ..
Leprosy .. ..
Dental .. ..

Is there a separate maternity block?

How many beds are provided there?

Is there a separate delivery room?

Is it adequately equipped with delivery cot, instruments, etc.

Is there provision to treat septic cases separately?

45. Bed Strength—

(*a*) What is the total sanctioned bed-strength of the hospital?

(*b*) How are the beds divided for men and women and children.

(*c*) For medical surgical obstetrical and special departments.

46. What is the total number of in-patients on the day previous to the date of inspection? — Men. Women. Total.

47. What is the daily average number of in-patients during the previous three years? — Men. Women.

48. Total number of out-patient cases, treated on the day previous to the date of inspection? — Men. Women. Total.

49. Daily average number of out-patient cases treated during the last three years? — Men. Women.

50. Operations conducted during last three years.

	(1)	(2)	(3)
Major	...	...	..
Minor	..	...	...
Total ..			

51. Labour cases conducted in the hospital during the last three years.

	(1)	(2)	(3)
Normal			
Abnormal			
Total ..			

52. **Total number of post-mortem conducted during the last three years.**

53. **Total number of accidents attended to during the last three years.**

54. **Total number of prohibition cases registered last three years.**

55. Hospital Advisory Committee—

(a) Names of the members .. ..

(b) Number of meetings held during the last three years.

(c) Copy of the resolutions passed in the last meeting.

56. Are all the registers and records kept up-to-date?

The following registers brought up-to-date may be kept in readiness for perusal by the Inspecting Officer:—

(1) Nominal Register of out-patients

(2) Nominal Register of in-patients..

(3) Operation Registers of out-patients and in-parients.

(4) Accident Register .. ..

(5) Wound Certificate Register ..

(6) Drunkenness Certificate Register

(7) Post-mortem Notes .. ..

(8) Post-mortem Register (Fair copy)

(9) Post-mortem Certificate Book ..

(10) Labour Register .. .. ..

(11) Stock Register of Drugs.. ..

(12) Stock Register of instruments and appliances.

(13) Stock Register of furniture and linen, etc.

(14) Records of laboratory work done

(15) Breakage Register .. ..

(16) Other miscellaneous registers ..

57. Remarks, if any .. ..

Place :

Date :

Signature of the District Medical Officer.

Medical Officer in-charge.

APPENDIX XXVIII.

FORM OF AGREEMENT FOR ADOPTION IN CASES IN WHICH BUILDINGS BELONGING TO PRIVATE PARTIES OR LOCAL BODIES ARE LEASED BY GOVERNMENT FOR OCCUPATION BY THEIR OFFICERS OR OFFICES.

This Deed of Lease Agreement made this..

day of...197 between..........

..........................son of..

..................................residing at...........................(hereinafter called the lessor which expression shall where the context so admits include his heirs, executors, administrators, legal representatives and assigns) of the one part and the Governor of Tamil Nadu (hereinafter called the lessee which expression shall where the context so admits, include his successors in office and assigns) of the other part witnesses as follows :—

WHEREAS the lessor who is owner of the premises mentioned in the Schedule below agrees to let and the lessees agrees to take on lease the said premises on a monthly rent of Rs. ....

on and from the.....................................day of.......................197

for a period of....................................years, it is hereby agreed between the lessor and lessees as follows :—

(1) The rent of Rs. ....for each month shall be paid by the lessee to the lessor on or before the 5th of succeeding month.

(2) On payment of such rent the lessee shall have quite possession of the demised premises without any let or hindrance from the lessor or persons claiming under him and without liability for dilapidation or damage resulting from reasonable wear and tear, accidental fire, or the act of God, or resulting directly or indirectly from the enemies of the State.

(3) The lessee shall permit the lessor or his agent to inspect the building and premises periodically without any hindrance or inconvenience to the occupier and to execute sundry repair with his (lessee's) concurrence provided such inspection shall be done only after obtaining the prior permission of the office in occupation of the building premises.

(4) The lessees shall not sublet the premises without the previous concurrence of the lessor.

(5) The lessee shall not make any structural or major alterations to the building for the convenient enjoyment of the building having regard to the purpose of the lessee.

(6) The lesser shall pay all taxes and outgoing in respect of the demised premises.

(7) The lessor shall always keep the building and all parts of the premises wind and water tight and in good tenantable repairs and condition and in particular white wash or colour wash once in each calendar year such parts of the premises as usually are intended to be so washed and on his default the Government (lessee) may incur the expenses of doing any of the aforesaid things not more than one-twelth of the rent payable in respect of the building for that year after reasonable notice to the landlord and shall deduct the actual cost thereof from any other remedy for recovery.

(8) If the lessee desires to determine the lease, he shall give three month's notice of such intention to the lessor after which date the present lease shall cease to be valid.

(9) The lessor shall on the written request of the lessee made within three calendar months before the expiration of the period of the present lease, grant the lessees a lease for a further period of..........................years on the same terms and conditions contained in this lease.

(10) In the case of private buildings occupied by Government Departments through the Accommodation Controller or any other officers empowered by Government for this purpose **no lease deed need be executed.**

THE SCHEDULE.

House and ground bearing Municipal door No. situated in bounded on the north by on the east by on the west by and on the south by comprised in Collector's No. Certificate No. bearing Old Survey No. Resurvey No.

SIGNED, sealed and delivered by the above named in the presence of

First witness :

Occupation :

Address :

Second witness :

Occupation :

Address :

SIGNED, sealed and delivered by the above named in the presence of—

First witness :

Occupation :

Address :

Second witness :

Occupation :

Address :

APPENDIX XXIX

RULES FOR THE TRANSMISSION OF ARTICLES TO THE DIRECTOR, TAMIL NADU FORENSIC SCIENCE AND CHEMICAL LABORATORY, FOR ANALYSIS.

All Officers forwarding articles for analysis to the Director are responsible for seeing that the under mentioned information is sent with the letter advising the despatch of the articles—

(*a*) full details of the purpose for which the analysis is required; and

(*b*) full particulars of the case whatever its nature may be.

The following instructions are divided into two parts, viz:—

PART I—Containing rules for the guidance of Magisterial and Police Officers; and

PART II—Containing rules for the guidance of Medical Officers.

NOTE.—Neither section is complete by itself, the two sections being complementary to one another. The Medical Officer for the purpose of these rules includes 'Veterinary Officer' when the post mortem or other examination is conducted by such an Officer.

(G.O. No. 738, P.H., dated 28th June 1921.)

PART I

Instructions for the guidance of Magisterial and Police Officers.—The following instructions have been laid down for the guidance of Magistrates, Superintendents, Assistant Superintendents and Deputy Superintendents of Police with regard to the transmission of substances to the Director for examination in cases of suspected poisoning, or other cases in which the aid of the Director may be required.—

1. Substances will not ordinarily be forwarded by the Medical Officer to the Director except upon the receipt of an order to that effect from a Magistrate, Superintendent, Assistant Superintendent or Deputy Superintendent of Police, It will therefore be necessary that orders for the transmission of substances to the Director for analysis should be issued with promptitude. An order should invariably be granted, if the Medical Officer considers it advisable to obtain the opinion of the experts of the Laboratory; whilst, on the other hand, Magistrates, Superintendents, Assistant Superintendents and Deputy Superintendents of Police should issue an order for the examination, if they consider it desirable to consult the Director, although the opinions of the Medical Officer be advers to such a procedings. When the substance in regard which the Medical Officer considers it advisable to obtain the opinion of the expert of the laboratory is one liable to rapid decomposition, he should forward the substance to the Director in anticipation of the orders of the Magistrate or the Police Officer. Viscers and other highly decomposible articles should not be detained by the Medical Officer longer than 24 hours. In such cases, the Medical Officer should at once communicate the fact of despatch to the Officer authorised under this paragraph to order an examination and that officer should thereupon send by next post the required order along with the information prescribed in instructions 2 and 3 below.

(G.O. Ms. No. 111, Public, dated 1st April 1911.)

2. Magistrates, Superintendents, Assistant Superintendents and Deputy Superintendents of Police on instructing medical officers to forward articles for analysis to the Director should, at the same itme, address the latter officer, quoting the number and date of their order to the medical officer and should furnish the Director with a brief summary of the history of the case.

3. The principal points on which the Magistrate, Superintendents, Assistant Superintendents and Deputy Superintendents of Police, in the case of suspected poisoning should furnish information to the Director as follows—

(*a*) What interval was there betwween the last eating or drinking and the first appearance of sympotoms or poisioning?

(*b*) What interval was there between the last eating or drinking and death (if this occurred)?

(*c*) What were the first symptoms?

(d) Where any of the following symptoms present? If so, state which—

(i) Vomiting and purging.

(ii) Sweating and excessive salivation.

(iii) Deep sleep.

(iv) Tingling of the skin and throat.

(v) Hyper excitement, convulsions and twitchings of the muscles.

(vi) Delirium and clutching at imaginary objects.

(e) Where any other symptoms noticed?

(f) Did any other persons partake of the suspected food or drink and did they also suffer from similar or other symptoms or poisoning?

4. Any other information available, likely to prove serviceable as a guide to the class of poison administered should at the same time be furnished.

5. Certificates of chemical are not to be accepted from the Medical Officers, as these officers are not in a position to conduct analysis, as they should be carried out for judicial purposes.

6. In the case of every suspected poisoning it is desirable that all the substances requiring analysis should be packed and forwarded to the Director by the nearest Medical Officer. If special circumstances render it desirable to forward any articles directly to the Director, instructions 3 to 10 given in Part II must be carefully attended to.

7. Suspected blood-stains—Articles requiring examination for the presence of blood-stains may be forwarded direct to the Director; the following rules being strictly attedned to—

(i) When clothes are sent up, they should be sent as a whole and the stains need not be indicated by pensil marks, pins, etc., Stains on walls, floors, ground or articles, of furniture, etc., should not be scrapped off, but the stained area should be carefully cut out; and when the material is birttle, as in the case of earth or chunam, it should be carefully wrapped in cotton wool and packed in a box so that the surface may be preserved from injury, Articles of clothing etc., if wet or moist should be carefully dried before being packed, otherwise, the stains rapidly decompose and their nature cannot be determined.

(ii) Each artcile requiring separate examination should be packed separately and labelled. The labels should be numbered consecutively and should bear the signature of the forwarding officer, and the mumber and date of his letter of advice to the Director. All the packets belonging to one case should then be enclosed in one box or outer covering unless disparty in the size of the various articles makes this inconvenient but articles belonging to different cases should never be forwarded under the same cover. Articles sent for examination must never be used as wrappers. Labels should not be pasted over articles or instruments suspected to contain any stains. All parcels should be carefully sealed by the despatching and packed in such a manner that they cannot be opened without destroying the seals. The seal used should be the same throughout, either a private seal or an official seal which is kept in safe custody, impressions of keys, weights, coins, etc., must not be used. A letter of advice should be separately forwarded to the Director. The letter should contain.

(a) An impression of the seal used in closing the packets and description thereof.

(b) A list of articles forwarded and a statement as to how the articles have been forwarded. The numbers given to the articles on the list must correspond with the numbers on the labels.

(c) Information as to whether of the weapons, clothes, etc., are to be returned after examination.

(d) Information as to how many person or animals were affected, how many died, and section of the Indian Penal Code under which any charge is being brought.

(iii) Articles concerned in one and the same blood stain case should, as far as possible, be forwarded to the Director at the same time. The despatch of articles concerned in one and the same case at different times shuold be avoided as far as possible.

(iv) *Scientific aids to detection.*—The blood group test in stain cases.—When the red blood cells of one human individual are brought into contact with the blood serum of another human individual clothing or adhering together of the red blood cells is frequently caused. This phenomenon is known as agglutination. This agglutination is brought about by agglutinable substances or agglutinogens present in the red blooding cells and agglutinating agents or agglunitinins present in the serum. By testing the red blood cells and the serum of the blood of many individuals against one anoter it has been established that there are only two agglutinogens A and B and only two agglutinins X and B in human blood. The blood groups which are four in number are governed by the disposition of these agglutinogens and agglutinins present in the red blood cells and serum respectively. These four groups are O.A.B. and AB named after the agglutinogens present in the red blood cells, being zero.

The blood groups are as follows:—

Group O.—The red blood cells of this group contain no agglutinogen but the serum contains agglutinins X and B. The serum of this group agglutinates the red blood cells of groups A, B and AB. The red blood cells are in agglutinable.

Group A.—The red blood cells contain agglutinogen A and the serum contains agglutinin B. The serum of this group agglutinates the red blood cells of groups B and AB. The red blood cells of this are agglutinated by serum of groups O and B.

Group B.—The red blood cells contain agglutinogen B and the serum contain agglution X. The serum of this group agglutinates the red blood cells of groups A and AB. The red blood cells of this group are agglutinated the serum of groups O and A.

Group AB.—The red blood cells contain agglutinogens A and B but the serum contains no agglutinin. The serum of this group has not agglutinating effect on the red blood cells of any group. The red blood cells of this group are agglutinated by the serum of groups O, A and B.

The agglutienogens and the agglutinins present in the blood of human being persist throughout life without changing the group and this basic fact constitutes the value of this test. (About 40 per cent of human beings belong to group O, about 40 per cent to group B, about 15 per cent to Group A and about 5 per cent to group AB).

The determination of blood groups of an unknown specimen of blood or blood-stain is made by testing it against sera of blood of known groups stocked in the laboratory.

The medico-legal significance of the blood group test in stains cases.—Since about 80 per cent of human beings belong to groups O and B, the value of the test frequently lies in suggesting the innocence rather than the guilt of an accused. The blood group test is valuable for the purpose of exclusion and is not of definite affirmative value. If the group of a blood-stain is not the same as that of blood of an individual, it can be stated with certainly that the stain was not produced from that individual's blood. For example, if the blood-stains on a suspected person's clothing belongs to the same group as the blood of the victim but to a different group from that of the suspect, the suspect cannot claim that the stains on the clothing have been caused by his own blood. If the groups of a blood-stain is the same as that of the blood of an individual the utmost that could be stated is that the blood stain could have been derived from that individual. The grouping reaction arrows down the individuals from whom a given sample of blood may have been derived. The similarly of blood group between a blood-stain and the blood of an individual should not be taken to mean that the blood stain is derived from that particular individual but that it could have been derived from the individual as well as from any other person of that group.

Requirements for the blood group test.—In addition to the blood-stained articles in stain cases, specimens of blood from the victim and from the accused are necessary.

The following conditions are required for a satisfactory determination of the blood group:—

(1) *Stains on clothing.*—(*a*) A control fee from stain should always be available. (*b*) There should be available about one grain of well stained material stiff with blood or about half grain of dried blood. Exhibits not yielding these quantities need not be sent for blood group test.

(2) *Blood from living persons.*—(*Victim or accused*)—In all cases where blood group test is required the following should be sent through a Medical Officer.—

(*a*) Citrated blood not less than 0.5 ml.

(*b*) Non-citrated blood in quantity not less than 1 ml.

(*c*) As an alternative to (*a*) and (*b*) about 0.25 ml. of blood dried on a clean filter paper.

N.B.—It should be noted that the taking of blood from a living person can be made only with the consent of the person concerned. If made without his or her consent, it is technically an assault. It is beyond the powers of a Police Officer, Coroner, Magistrate, Judge or Bench of Judges to issue such an order. Consent must not be obtained by fraud or any undue moral pressure or durses. It must be given freely after full explanation of the reasons for which examination is required and of the consequences that may result. Silence or compliance should not be taken as consent. In all cases of doubt, consent should be taken in writing in the presence of disinterested as witnesses. If the person does not consent then the examination must not be made (G.O. No. 1836 P.H. dated 3rd August 1943).

Blood and saliva samples in cases of indecent sexual assaults.—In all cases of indecent sexusl assaults, it is desirable to send the following control samples from the victim and the accused.

(*a*) Blood samples of the victim and accused.

(*b*) *Saliva sample of the accused.*—The purpose . submitting a saliva sample is for the determination of the blood-group substances (present in 4 peorple out of 5) for comparision with sweat, saliva, seminal or urinary stains on other articles (e.g.) cigarette and envelope flap, postage stamp, clothing, etc.

Saliva sample may be taken by the following procedure.—

The subject should be asked to rinse out the mouth with cold water and then to spit in a clean glass tube or small jar. A minimum of about a desset-spoonful of saliva is required; the saliva should be sterilized by standing he container in a saucepan containing water and heating the water at boiling point for about ten minutes. After alloweing to cool, the container should be stopped and labelled. The subject should also be asked to lick a piece of clean blotting paper, a pencil circle should be drawn around the licked area which should be allowed to dry in the air. The licked paper may be placed in a labelled envelope An unused piece of the same sheet of blotting paper should be sumitted in a separate labelled envelope as a control sample.

(3) *Blood from Dead bodies.*—It should be a general rule that at the time of post-mortem examination of all bodies, in cases of violent crime, the Medical Officers should preserve specimens of blood from the bodies for the determination of the blood group if found necessary later. A sample of blood (about 0.25ml.) may be dried on a clean filter paper and sent in an envelope. The blood is to be dried quickly but not in the sun. An unstained part of the filter paper should also be sent as a control in a separate envelope.

8 *Suspected seminal stains.*—Clothes requiring examination for seminal stains should be sent as a whole, care being taken to cover the suspected stains with cotton wool to prevent the stains from being damaged during transit. For inforamtion regarding packing and despatch of letter of advice *see* instruction 7 above.

9. *Explosives.*—The detailed instructions regarding the packing of exhibits or objects suspected to be of an explosive nature in medico-legal cases for transmission to the Director and the mode of transmission whether by post or by messenger, etc., and the precautions either immediate with reference to the place where found or in the methods of packing, etc., to be taken in all cases are found in the "Instructions, for dealing with substances or objects suspected to be of being explosives". issued by the Government of India contained in G.O. No. 730, Public (General) (Confidential), dated 6th July 1931, G.O. No. 5934, Home, dated 6th March 1943 and G.O. Ms. No. 598, Home (Confidential), dated 24th February 1944, as amended from time to time.

The following instructions should however be carefully observed:—

All exhibits and substances suspected to be explosive or connected with an explosive should be sent by the local authorities to the Director in the first instance with copies of such reports endorsed to the controller of Explosives, South Circle, Madras, in each case. An exception to the above procedure is to be adopted in the case of.—

(*a*) Military grenades, mortar bombs, artillary shells, land mines, catridges, etc., It is dangerous to handle or remove any military shall grenads, mortar bomb, etc., which is suspected to have not gone off or exploded, it is immaterial whether the grenaded, etc., is suspected to be faulty or in good order. If any such object is reported or discovered at any spot it should not be removed but a guard should be placed over it and information should be sent to the nearest military post who should be asked to remove or destroy it. The discovery should also be reported to the superior officer.

In cases involving prosecution of persons for illegal possession of unexploded military grenae, mortar bomb, etc., the Inspector of Explosives, South Circle, Madras should be informed by wire and is arrival awaited. If the bomb, etc. has exploded and it is desired to prosecute a surviving person, the controller of Explosives South Circle, Madras, and the Chief Controller of Explosives in India should be informed by wire in accordance with the instruc ions contained in P.S.O. No. 350/A. In other cases the remnants of the exploded bombs, etc., should be sent to the Controller of Explosives South Circle Madras.

(*b*) Unexploded country bombs made up in soda bottles, jam-tins, water cistern. floats chatties, coconut shells, bundles of jute, hemp or cloth, bamboo tubes, etc., and book bombs, and letter bombs—These bombs may be designed to explode—

(i) when moved in any way,

(ii) when turned over,

(iii) when placed in water,

(iv) when thrown down,

(v) by lighting a fuse,

(vi) by clock work and

(vii) by chemical reaction.

Before touching the bomb examine it where it lies and see if you can detect the arrangement for firing, See if there is any trigger and if so, if it is set or not, do not move the bomb unless you are satisfied that it is safe to do so.

If you are satisfied, then send the bomb to the Controller of Explosives by hand in the first instance packed according to the instructions contained in paragraph 14 of G.O. No. 730, Public (General), dated 6th July 1944. If you are not satisfied then place a guard over the bomb and report to your senior officer and send telegrams immediately to the Chief Controller of Explosives in India at Nagpur (Explosives, Nagpur) as well as to the Controller of Explosives, South Circle, Madras (in South Madras) asking for assistance in rendering it safe.

(*c*) *Remnants of exploded bombs.*—If the exploded bomb is suspected to be of the usual type of country made bomb of the type met with frequently in the districts, remnants will have to be forwarded to the Director, Tamil Nadu Forensic Science and Chemical Laboratory. If it is of the unusual type, the remnants should be forwarded to the Controller of Explosives, South Circle, Madras. In either case, a copy of the history of the case should also be forwarded to the Controller of Explosives, South Circle, Madras.

If the exploded bomb is suspected to be of military origin viz. military grenade, mortar bomb or shell, the remnants may be forwarded to the Controller of Explosives, South Circle, Madras for his opinion together with a report of the circumstances.

(*d*) *Incendiary devices not coupled with a bomb or explosive device.*—The initiating agents in these devices should be carefully examined and removed before they are sent by messenger to the Director, Tamil Nadu Forensic Science and Chemical Laboratory and whenever any doubt is felt the fact of the case should be reported to the senior officer and the assistance of the Controller of Explosives, South Circle, Madras sought for by telegram if necessary. If the device has taken fire, the remains without removing the ash or soot will have to be sent to the Director, Tamil Nadu Forensic Science and Chemical Laboratory.

(*e*) *Incendiary devices coupled with an explosive device.*—These devices have a fairly elaborate mechanical arrangement and may look like bombs. The Controller of Explosives, South Circle, Madras, will have to be informed by telegram and his arival awaited. If any piece of yellow phosphorous is found, it should be removed immediately. If the arrangement has already fired or exploded, the remains together with the ash or soot will have to be sent to the Controller of Explosives, South Circle, Madras, for his opinion along with the report of the circumstances.

In forwarding articles suspected to be of an explosive nature, special precautions should be taken to avoid the risk of their exploding in transit while being unpacked. The usual type of bomb used in Madras is quite safe to handle, if througly wetted, but very dangerous if dry. Anything of the nature of a live bomb should therefore be thoroughly wetted with water packed in such a way that it will not dry in transit and be sent through a messenger, and not by railway or post, to the Controller of Explosives, South Circle, Madras.

(G.O. No. 3037, Public Health, dated 6th September 1947.)

10. *Fire Arms.*—The examination of markings on bullets and cartridges cases with a view to establish the identity of the weapons from which they were fired is sometimes necessary and the opinion of an expert is a vital factor in such cases. The expert attached to the Ballistics division of the laboratory is in a position to give such an expert opinion.

(G.O. No. 3257, Home, dated 14th June 1939.)

11. *Miscellaneous Examinations.*—In forwarding coins to the Director, Magistrates and Police Officers should follow the directions laid down in clause (ii) of instruction 7 of this Part and in Part II, instruction 10 so far as they may be applicable and should be carefull to include in their letter of advice to the Director information as to the nature and object of the examination required ana to furnish any other information likely to assist the Director in making the required examination.

12. *Return of articles.*—When articles are wanted back after examination, a note to this effect should be included in the letter of advice and unless they are entirely used up in the examination, they will be returned. In the absence of such a note, the Director will assume that the return of the articles is not required and they will be destroyed,

(G.O. No. 2349, Public Health, dated 13th October 1932.)

PART II.

Instructions for the guidance of Medical Officers.

1. Medical officers in-charge of hospitals and dispensaries are required to maintain a supply of methylated sprit supplied by the Government Medical Stores and suitable bottles, etc., in readiness for the transmission of viscera and other matters to the Director, Tamil Nadu Forensic Science and Chemical Laboratory when occasion may arise. In case of suspected poisoning, it is exceedingly important that viscera and other suspected matters liable to rapid decomposition should be placed in sprit as soon as practicable. And every care should be taken, lest doubt should be raised in the court as to the identification of the articles likely to require an examination, or as to the possibility of their having been accidently contaminated or improperly interfered with.

2. *Human cases.*—On making a post-mortem examination whenever there is any suspicion of poisoning,the stomach should be tied at both ends (a double ligature being applied at the pyloric extremity) so that the contents of the intestines may not escape and removed from the body in such a manner that its contents may be retained;after removal it should be opened, the contents received into a perfectly clean bottle and the mucous surface of the stomach carefully examined. its appearance noted and any suspicious particles found adhering thereto should be picked off with a pair of forceps and placed in a separate small phial for transmission. And the mucous membrane of the mouth pharynx and Oesophagus should be examined and any unusual appearence or marks of corrosion thereon carefully noted.

3. In all cases of death from persumed poisoning, the following articles should be forward for analysis each in a separate bottle unless otherwise indicated. Other viscera or tissues should not be forwarded unless in the opinion of the Medical Officer the special circumstances of the case, which should be clearly stated in the letter of advice render such a proceeding advisable—

(*a*) Stomach.

(*b*) Contents of the Stomach, which may if it be convenient, be put in the same bottle with the stomach.

(*c*) Suspicious particles (if any have been found) removed from the muccus membrane of the stomach.

(*d*) A portion of the liver not less than 500 grams in weight or the whole liver, if it weights less than 500 grams pnd one kidney.

(*e*) The vomited matter, if any, the earlier and the latter vomits should, when praeticable be sent up in different bottles. And the labels should state at what period the matters were vomited. Special directions are given instruction (5) for the disposal of vomited matters mixed with earth, etc.

(*f*) A sample of the preservative used (sprit or saturated) saline) about 150 ml.

(*g*) The contents of the small intestines.

(*h*) And urine which may have been separately collected after the commencement of symptoms or found in the bladder after death.

(*i*) A sample of blood of 10 ml. preserved with sodium citrate (or sodium oxalate) plus sodium fluoride. The site of collection of the blood, viz. heart or otherwise should be indicated on the label.

4. Strong methylated spirit supplied by the Government Medical Stores should in all cases be added as laid down in the rules for the transmission of articles for analysis detailed in instruction (x) to the contents of bottles (a), (d),(g),(h) and also to the contents of bottles (b) and (e) unless it is suspected that alcoholic poisoning has been the cause of death. No spirit need be added to the contents of bottle (c). Care should be taken that no vessel containing fluid matters is quited filled and that bottles containing viscera with methylated spitit should not be more than three quarters filled so that viscera may be shaken with the spirit on the journey.

No methylated spirit other than that supplied by the Government Medical Stores should be used and methylated spirit must never be obtained for this purpose from the bazaar.

5. Vomited and purged matters are frequently received by Medical Officers mixed with earth etc., If the admixture of earth be sufficient to render the evacuated matters dry and in offensive, they may be packed without spirit in any convenient manner; otherwise they must be packed with spirit. Vomited and purgued matter if they have, as frequently happens, been allowed to fall on the ground, should be carefully scrapped up not taking more earth than is necessary. The superficial scrapping should be packed separately. It is rerely necessary to remove the earth to a depth greater than 2 cm., even in cases of suspected metalic poisioning unless the soil be of a very loose character Except when a metallic poision is suspected it is very rarely necessary to forward purged matters.

6. If articles of food medicine, etc., suspected to have been the vehicle by which poisioning has been admitted, require examinations, they should each be packed up separately and spirit inv riably added, as in the case of viscera, to such as are liable to decomposition. Fruits such as the plantain and custard-apple, if suspected to contain poision, sould be carefully inspected, and it should appear that foreign substance has been inserted this should be picked out and sent up for examination. If no suspicious substance can be discovered the fruit should be forward.

7. After having made a post-mortem examination in a case of suspected poisoning and having preserved in spirit all articles liable to rapid decomposition which are li,ely to require examination. the Medical Officer should report the result of his examination to the Police and on receipt of an order from the Police or the Magistrate, should forward the viscera of the deceased and such other articles as may require analysis to the Director, Tamil Nadu Forensic Science and Che ical Laboratory for examination. In case where no death has occured, but where it is suspected that poison has been administered the Medical fficer having preserved in spirit all articles liable to rapid decomposition, which are likely to req examination, should similarly report the case of the Police and on receipt of an order from the Police or the Magistrate shoudl forward the vomitted matters or contents of the stumach, removed by the stomach pump, of the affected individual, or other matters requiring analysis by the Forensic Science and Chemical Laboratory, Magistrates Superintednets, Assistant Superintednets and Deputy Superintednets of Police are required to grant an order for analysis if the Medical Officer considers such an analysis necessary. They can also, if they consider it advisable orset viscera, etc., be sent to the Director Tamil Nadu Forensic Science and Chemical Laboratory even when in the opinion of the Medical Officer such a proceeding may be quite unnecessary.

(Government Memorandum No. 20286-Q/52-3, Health, dated 22nd July 1952.)

Medical Officers are authorised to forward suspected articles liable to rapid decomposition to the Director, Tamil Nadu Forensic Science and Chemical Laboratory in anticipation of the orders of a Magistrate or a Police Office. In such cases the Medical Officer should at once communicate the fact of despatch to the Magistrate Superintendent Assistant Superintendent or Deputy Superintendent of Police and that officer should thereupon send by the next the required order along with the information prescribed in instructions (3) and (4) in Part I.

Blood from dead bodies.—It should be a general rule that at the time of post-mortem examination of all bodies, in cases of violent crime, the Medical Officers should preserve specimens of blood from the bodies for the determination of the blood group it found necessary later. A sample of blood (about 0.25 ml.) may be dried on a clean filter paper and sent in an envelop. The blood is to be dried quickly but not in the sun. An unstained part of the filter paper should also be sent as a control in a separate envelop.

Blood from living persons.—In all cases where blood group test is required the following should be sent:—

(*a*) Citrated blood not less than 0.5 ml.

(*b*) Non-citrated blood in quantity not less than 1 ml.

(*c*) As an alternative to (*a*) and (*b*) about 0.25 ml. of blood dried on a clean filter paper.

N.B.—It should be noted that the taking of blood from a person can be made only with the consent of the person concerned. If made without his or her concent., it is technically an assault. It is beyond the powers of a Police Officer, Coroner, Magistrate, Judge or Bench of Judges to issue such an order.

Consent must not be obtained by fraud or any undue mortal pressure or duress. It must be given freely after full explanation of the reasons for which examination is required and of the consequences that may result. Silence or compliance should not be taken as consent. In all cases of doubt consent should be taken in writing in the presence of disinterested witnesses. If the person does not consent then the examination must not be made.

(G.O. No. 1836, Public Health, dated 3rd August 1943.)

Blood and saliva samples in cases of indecent sexual assaults—

In all cases of indecent sexual assaults, it is desirable to send the following control samples from the victim and the accused—

(*a*) Blood samples of the victim and accused.

(*b*) Saliva sample of the accused. The purpose of submitting a saliva sample is for the determination of the blood group substances (present in 4 people out of 5), for comparison with sweat., saliva, seminal or urinary stains on other articles (e.g.) cigarette and envelope flag, postage stamp, clothing, etc.

Saliva sample may be taken by the following procedure:—

The subject should be asked to rinse out the mouth with cold water and then to spit into a clean glass tube or small jar. A minimum of about a desert-spoonful of saliva is required the saliva should be sterilized by standing the container in a saucepan containing water and heating the water at boiling point for about ten minutes. After allowing to cool, the container should be stoppered and labelled. The subject should also be asked to lick a piece of clean blotting paper, a pencil circle should be drawn around the licked area which should be allowed to dry in the air. The licked paper may be placed in a labelled envelope. An unused piece of the same sheet of blotting paper should be submitted in a separate, labelled envelope as a control sample.

8. When on receipt of the necessary order, a Medical Officer forwards articles to the Director, Tamil Nadu Forensic Science and Chemical Laboratory for examination he should address at the same time a letter to the Director Tamil Nadu Forensic Science and Chemical Laboratory advising him of their despatch. This letter should contain.—

(*a*) an impression of the seal used in closing the bottles and a description thereof.

(*b*) a list of the articles forwarded and a statement as to how the articles have been forwarded;

(*c*) the name of the officer from whom the order has been received to forward the articles, and the number and date of such order.

(*d*) a detailed account of the post-mortem appearance observed in Medical Form 1-30; and

(*e*) an account of the symptoms observed by himself or others and a statement of the treatment, if any adopted.

9. (i) *Sealing of bottles and packets.*—All bottles and packets should be carefully sealed by the Medical Officer, and closed in such a manner that they cannot be opened without destroying the seals. The seal used should be the same throughout, either a private seal or an official seal which is always is safe keeping and impressions of keys, weights, etc., must never be used. Each bottle or packet should be labelled and each label should bear the number and date of the letter of advice to the Director, Tamil Nadu Foresnic Science and Chemical Laboratory relating to the case, as well as a short description of the contents, and should be signed by the Medical Officer.

(ii) *Special suggestions.—to Medical Officer.*—(1) Always try and obtain some information about the case. "Poisons are many and the material available for examination is limited". Some idea of the symptoms and relevant history is therefore of enormous value to the Analyst.

(2) Do not forget to mention if any treatment has beer adopted. Washing the stomach with potassium permanganate for instance, destroys the distinctive tests for opium and hence negative reports may be received in well defined cases of opium poisoning Vomit is always more valuable for analysis than any stomach wash.

(3) Don't neglect to preserve the urine both ante and post-mortem. Many alkaloids are recoverable from urine which may easily be destroyed in a viscera extraction. In veronal poisoning about 75 per cent of the drugs is excreed in the urine and much of this is before death.

(4) It is suggested that when taking 150 ml. of sample of the preservative, it is advisable to rinse the inside of the glass vessels to be used for the viscera with this fluid and then bottle and seal the sample.

(5) Don't forget that symptoms of acute posisoning may arise from food contamination (bacterial poisons) and if this is suspected the Medical Officer of Health should be informed.

(6) Often, pieces of plant tissue are sent in for identification, this is generally impossible unless the leaves or flowering tops are received.

(7) In cases of arsenic poisoning, special care should be given to avoid the possiblity of containmination of dishes, gloves, etc., which might be carried over to the next case.

(8) Use moten paraffin to seal the stoppers of the glass vessels and prevent leaks. Sealing wa or plaster of paris is not advisable.

(9) Don't forget reference number on the outside of the exhibit box, remember we deal with hundreds of parcels.

(10) In some cases, especially food poisoning, cholera, etc., bacteriological examinations may be required, whereas in some others, tissues may have to be subjected to histological examinations.

10. *Rules for the transmission of substances for analysis*—Suspected subtances may be forwarded by post, by passenger train, by steamer 'or in charge of a constable.

The latter method is recommended in all cases in which wealthy or influential parties are implicated. Officers forwarding viscera etc., by post, by rail or steamer or by constable to the Director, Tamil Nadu Forensic and Chemical Laboratory, will be held personally resposible that the following instructions are carefully followed :—

A *Transmission by post.*—When viscers, etc., are forwarded through the post, the following rules are to be observed :—

(1) The suspected viscus or other material to be sent for examination should be enclosed in a glass bottle or fitter with a stopper or sound cork.

(2) If the material sent is liable to decompossition, it should invariably be preserved by one of the following methods :—

(*a*) In cases of suspected poisoning in man other than alcoholic poisoning, the materials sent should be immersed in methylated spirit supplied by the Government Medical Store Depot. The spirt should be sufficient in quantity to cover the material immersed in whatever position the vessel containing it may be held and should not bear a less proportion to the bulk material than one-third. Care should be taken that common bazaar spirit is not used. The amount of spirit added to each vessels should be measured and the amounts so added written on the lable affixed to the vessel.

(*b*) In cases of suspected alcoholic poisoning in man, the contents of the stomach and its washing in pure water should be placed in a bottle with a sufficient quantity of clean table salt to saturate the solution and leave a little salt undissolved. The stomach itself after being washed in pure water as above may be preserved in alcohol as in (*a*) A sample of the water and of the table-salt used should also be invariably forwarded for examination.

(3) Great care should be taken that the stopper or cork of the bottle fits tightly. This precaution is especially necessary when alcohol is used as a preservative, in such cases a ring of bees' or candle wax should be placed round the lip of the bottle so as to cover the shoulder of the stopper. The stopper should be carefully tied down with bladder or leather and sealed.

(4) The glass bottle or jar should then be placed in a strong wooden or tin box, which should be large enough to allow of a layer of raw cotton at least 2 cm. thick being put between the vessel and the box.

(5) The box itself should be encased in common gadah cloth, which should be securely closed and sealed. The seals should be at intervvals not exceeding 8 c.m along each line of sewing. All the seals must be of the same kind of wax and must bear district impressions of the same device The device should ordinarily be the officer seal of the officer despatching the parcel. The device must in no case be that of a crurrent coin or merely a series of straight curved or crosslines or impressions of keys or weights.

(6) Despatching officer will be held personally responsible that these instructions are carefully followed. Whenever practicable such parcels should be packed under the immediate supervision of the Civil Surgeon.

(7) At all stations where there is a Civil Surgeon the parcels should invariably be sent to the post office by that officer and not by a subordinate officer, but where there is no Civil Surgeon they may be packed and forwarded direct to the Director, Tamil Nadu Forensic Science and Chemical Laboratory by the Subordinate Officer in-charge of the hospital or dispensary.

(8) (*a*) A declaration of the contents to the officials of the Postal departments is necessary and should not be made.

(*b*) *Transmission by rail or steamer.*—When viscera etc., are forwarded by the rail or steamer it is ununessary to encase the box in cloth but with this exception the rules for forwarding articles through the post must be observed in forwarding articles by passenger train or steamer.

(*c*) *Transmission by constable.*—When viscera etc., are forwarded in charge of a constable it will not be necessary to pack the bottle etc., in a strong box in order to protect them from rough handling during transit. But it is desirable that glass bottle containing viscera etc., should be wrapped in cloth or paper so as not to be offensive to other passengers.

In every other respect the same rules should be observed as in the transmission of viscera,etc., by rail.

11. *Tissues surrounding gunshot injuries.—Instructions for despatch of.*—Tissues in cases of death from shooting require to be examined for the presence of traces of lead should be sent in lead-free containers. Countrymade earthenware jars have frequently found to contain lead in their inner glass and should not be used as containers for packing such tissues. A specimen of unaffected tissues from the same body should be sent in such cases whenever possible.

(Surgeon General 's P. No. 79,M,dated 27th April 1938 and P. No. 32-M,dated 20th February 1930.)

12. *Difference of opinion between the Director, Tamil Nadu Farensic Science and Chemical Laboratary and the post-mortem finding of Medical Officers.*—In all cases where the opinion of Medical Officers based on post-mortem findings differs from that of the Director, Tamil Nadu Forensic Science and Chemical Laboratory, the Medical Officers concerned should get into touch with the Forensic Science and Chemical Laboratory and ascertain his reasons for arriving at a different finding.

(Surgeon-General's P. No. 51-M, dated 16th February 1939.)

APPENDIX XXX.

PERIODICAL REPORTS TO BE SUBMITTED BY THE DRUGS INSPECTORS TO DRUGS CONTROLLER, MADRAS SHOWN IN PARAGRAPH 762 OF THE TAMIL NADU MEDICAL CODE, VOLUME I.

Annexure I.

Fortnightly diary for the fortnight ending..

Date.	*Name and address of the premises inspected.*	*Time of Inspection.*		*Observations.*
		From	*To*	

Annexure II.

Name of the Drugs Inspector.

Jurisdiction of the Drugs Inspector.

MONTHLY REPORT FOR THE MONTH OF

A. Total No. of sales concerns in the area—

1. Regular.
2. Restricted.

B. Total number of manufacturing concerns in the area—

1. Regular.
2. Repacking.
3. Loan licences.

C. Total number of Hospital Medical Stores in the area—

1. Government Hospitals.
2. Primary Health Centres.

D. Number of Inspections—

Sales.	*Manufacture.*	*Hospital.*
(*a*) Restricted.	(*a*) Regular.	(*a*) Government Hospitals.
(*b*) Regular.	(*b*) Repacking.	(*b*) Pimary Health Centres.
	(*c*) Loan licences.	
Total	Total	Total

E. Number of samples drawn—

(*a*) Sales concerns.

(*b*) Manufacturing concerns.

(*c*) Hospitals

Total —

F. Details of prosecutions (Give R. Dis. No. of D.C.'s proceedings for each case)—

(i) Cases launched in previous months and which are under trial.

(ii) Prosecutions launched in the month.

(iii) Number of days spent in Court.

Number of cases for which sanctions have been received but complaints have not yet been filed in Courts.

G. **Application files disposals of—

Sales.

Number of files pending at the beginning of the month.	Number of files received during the month.	Number of files disposed of.	Number of files pending at the end of the month.
(1)	(2)	(3)	(4)

Manufacture.

Number of files pending at the beginning of the month.	Number of files received during the month.	Number of files disposed of	Number of files pending at the end of the month.
(1)	(2)	(3)	(4)

H. Disposal of complaints—

Number of compalints pending at the beginning of the month.	Number of complaints received during the month.	Number of complaints disposed of.	Number of complaints pending at the end of the month.
(1)	(2)	(3)	(4)

**Includes applications for grant/renewal of licences and also applications for endorsements i e., additional pharmacists and additional products, etc.

I. Details of cases where adverse analytical reports are received but where prosecutions are not yet luanched.

(i) Date of receipt of analytical report.

(ii) Date of issue of show cause memo.

(iii) Date of submission of proposals.

(iv) Reasons for delay in further processing the files.

J. General—

(1) Number of memos issued.

(2) Number of seizures effected with details of drugs and nature of offence involved.

(3) Number of cases where Drugs are frozen.

(4) Number of days on casual leave.

(5) Number of days on earned leave.

(6) Number of days on investigation outside the area/State.

(7) Any other important investigation carried out with details.

(8) A brief resume on the activities subtheraepeutic drugs, contraventions under Drugs prices control order, D.M.R. (O.A.) Act, etc., noticed may be mentioned here.

Signature of the Drugs Inspector.

ANNEXURE III

PROFORMA I.

Statement showing Information about the Drugs Inspectors in the State

Name of the State : Tamil Nadu (Madras City). During the Financial Year :

Whole-time Drugs Inspectors.			Part-time Drugs Inspectors.			Remarks.
Name and address of the Drugs Inspectors with their qualifications.	Scale of pay.	Whether Gazetted or non-Gazetted.	Number of Drugs Inspectors.	Designation.	Scale of Pay.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)

PROFORMA II.

Statement showing the Government Analysts appointed by the State Governments and functions.

Name of the State : Tamil Nadu. During the Financial Year :

Serial number.	Name and address of the Testing Laboratory and name of the Government Analysts appointed for testing of Schedule C and C (1) Drugs.	Name and address of the testing laboratory and name of the Government Analysts appointed for testing of other than Schedule C and C (1) Drugs.	Remarks.
(1)	(2)	(4)	(4)

PROFORMA III.

Statement showing the details of samples tested, etc. in the State.

Name of the State :

During the Financial Year :

Particulars of samples drawn for examination during the year.	*Number of samples tested during the year.*	*Number of samples reported to be of standard quality.*	*Number of samples reported to be not of standard quality.*	*Others.*	*Remarks, if any*
(1)	(2)	(3)	(4)	(5)	(6)
Vitamins					
Hormones					
Antibiotics					
Insulin					
Biological products					
Chemotherapeutic drug					
Galanicals					
Others (Miscellaneous)					
Total ..					

PROFORMA IV.

Statement showing the working of the Drugs Act in the State.

Name of the State :

During the financial year:

Number of inspections carried out.		Licences issued.		Licences renewed.		Linceces cancelled.	
Sale premises.	Manufacture premisess	Sale.	Manufacture.	Sale.	Manufacrure.	Sale.	Manufacture.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

PROFORMA V.

Statement showing information regarding the number of cases detected in respect of offences relating to manufacture and sale of Misbranded (Spurious) Drugs and Adulterated Drugs and particulars of prosecution launched in such cases.

Name of the State :

During the financial year :

Number of prosecution pending at the beginning of the year.	Details of prosecutions launched during the year.			Details of prosecutions decided the year.				Name of the drug and name of the manufacturers.	Charges framed.	Number of of cases pending at the end of the year.
					Results of prosecution.					
	Name and address of the firms and accused.	Nature of charges.	Name of the drugs and name of the manufacturers.	Name and address of the firm and acoussed.	Imprisonment with/without fine.	Fine only.	Acquittals.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

PROFORMA VI.

Statement showing information regarding prosecutions launched in respect of other contraventions under Drugs and Cosmetics Act.

Name of the State :

During the financial year :

Number of prosecutions pending at the beginning of the year.	Details of prosecutions launched during the year.			Details of prosecutions decided during the year.				Name of the drug and name of the manufacturers of the conviction for manufacture and sale of drugs.	Charges framed.	Numbers of prosecution pending at the end of he year.
	Name and address of the firm and accused.	Nature of charges.	Name of the drugs and name of the manufacturers, if the prosecution is for manufacture/ sale of sub-standard drugs.	Name and address of the firm and accused.	Results of prosecutions.					
					Fine only.	Imprisonment with/ without fine.	Acquittals.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

PROFORMA VII.

Statement showing information regarding the numbers of prosecutions launched/decided under the Drugs and Magic Remedies (Objectionable Advertisement Act, 1950.

Name of the State :

During the financial year :

Number of prosecutions pending at the beginning of the year.	Details of prosecutions launched during the year.			Details of prosecutions decided during the year.						
	Name and address of the firm and accused.	Nature of charges.	Name of the drugs and name of the manufacturers.	Name and address of the firm and accused.	Results of prosecution.			Name of the drug and name of the maufacturers.	Chrges framed.	Number of cases pending at the end of the year.
					Imprisonment with/without fine.	Fine only.	Acquittals.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

PROFORMA VIII.

Statement showing information regarding prosecutions launched in respect of contraventions under Essential Commodities Act.

(Drugs Price Control Order).

Name f the State :

During the financial year :

Number of prosecutions pending at the beginning of the yaer.	Details of prosecutions launched during the year.			Details of prosecutions decided during the year.						
	Name and address of the firm and accused.	Nature of charges.	Name of the drugs and name of the manufacturers.	Name and address of the firm and accused.	Results of prosecution.			Name of the drugs and name of the manufacturers.	Charges framed.	Number of cases pending at the end of the year.
					Imprisonment with/without fine.	Fine only.	Acquittals.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

PROFORMA IX.

Statement showing information regarding the number of cases in respect of offence relating to manufacturer and sale of Misbranded (Spurious)Cosmetics and particulars of prosecution launched in such cases.

Name of the State : During the financial year

Number of cases pending at the beginning of the year.	Details of prosecutions launched during the year.			Details of prosecutions decided during the year.				Name of the cosmetics and name of the manufacturers.	Number of framed cases.	Pending at the end of the year.
	Name and address of the firm and accused.	Nanture of charges.	Name of the cosmetics and name of the manufacturers.	Name and address of the firm and accused.	Results of the prosecutuoins.					
					Imprisonment with/ without fine.	Fine only.	Acquittals			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

PROFORMA X.

Statement showing the number of premises licensed to sell drugs under the Drugs and Cosmetics Act and types of licences held.

Name of the State : Tamil Nadu. During the financial year :

	Retail licence only.	*Restricted licences only.*	*Wholesale licences only.*	*Retails and wholesale both together.*
(1)	(2)	(3)	(4)	(5)
For Biological products				
For non-Biological products				
For Biological and non-Biological products				
For Homoeopathic Drugs				
Total number of Pharmacists Licensed				
Total number of sale premises				